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Original Articles.

COAL OIL—SOME OF ITS USES.

BY BEN H. BRODNAX, M. D., Brodnax, La.

Some time since I saw an inquiry as to the uses, as a medicine, of kerosine (coal oil). First, it is an alcohol, so said, and like other alcohols will make *drunk* come, without the next day accompaniment of "swell heads." My first experience (1873) with it, as a drink, was in the case of a four-year-old boy, who finding a bottle of it in the house drank about an ounce. The fears of his parents, from his actions, were quieted when I made him vomit up the greater part of his drink, assuring them it was as harmless as whiskey. Some doses of bismuth and peppermint tea put him to sleep after awhile and he awoke all right.

Mixed equal parts with ordinary whiskey it intensifies the latter and a glorious drunk is the result, without the bad effects of an equal amount of pure whiskey. It is also said, "an ounce of it taken when a man is already drunk will sober him in a few minutes." As an application to the skin, pure or mixed with a little oil, it is very good for colds, bronchitis, pneumonia.

Applied pure it will slightly vesicate causing the cuticle to peel off in a few days. It can be made into a liniment as follows: coal oil, one part; spirits ammonia, one part; castor oil, two parts. Shake well and rub in with a cloth, allowing the cloth to remain. This for a lame back, sprained knee, ankle or wrist. A warm flat-iron applied near or on the cloth aids its good effects. Also on a flannel cloth, around the neck, in sore throats. A few drops, with the coal oil and castor oil equal parts, is pleasant in ear-aches.

By the mouth, five to ten drops on sugar, for a child. One teaspoonful for adult will relieve a severe cold, cough or sore throat. I have seen some pretty bad cases, with white patches

that smelled badly, relieved by such small doses every hour or two.

I do not know why it would not be *the remedy* for diphtheria, as it is a powerful germicide, non-irritant on mucous surfaces. But as I never saw a case of diphtheria to know for a *certainty* it was such, I have not any experience with it. From its known "bug killing" qualities, I believe I would risk it. At any rate, if caught in a pinch without any of the antitoxines within reach, mop out the throat, etc., with the pure oil. I do not think you will have any cause to regret it. I wish coal oil was not such a common thing, and that it had a name a foot long and cost $1.25 per ounce, I think some people would appreciate it more than they seem to do.

In colic a teaspoonful of it, swallowed, will act almost as quick as chloroform or ether. In salivation also it seems to relieve the pressure, cool the mouth and heal the irritation. If it was not for the smell of the thing, it would be more used, but if "called by any other name" it would not smell any better.

As an insecticide, a teaspoonful of soft soap (or Fairbank's gold dust washing powder), one of coal oil, mix thoroughly, add hot water, eight ounces, let cool and inject into the bowels for thread or pin worms.

For itch, mix equal parts of powdered sulphur (precipitated) and lard to two ounces, add one tablespoonful of coal oil, mix and apply at night. Keep on same underclothing for four or five days, sleeping in same. It is a well-known fact that the itch insect, chicken mite and bed-bug forage at night. So night is the time to apply it.

Lice are not friendly to the above ointment, and an application rubbed in well does the work.

Crab lice (pediculas) (but I don't know whether so long a name makes them any more agreeable) yield up the ghost at one application, at same time it destroys the nits.

Lice in the eyebrows.—Treatment same, effects ditto. Used pure, the oil will rout bed-bugs, ants, ticks and red bugs. A thread tied around the legs of a milk dairy, or a bottle of syrup infested by ants will prevent further trouble.

An emulsion as above, soap, oil, water, destroys fleas and lice

on dogs. My brother doctors, who have dogs, may thereby rid them and themselves of the pest.

For a cold in the nose, called "snuffles" in infants, a feather dampened in castor and coal oil and entered or twisted into the nostrils will very quickly relieve. Mixed one-fifth part, say ten drops to teaspoon of castor oil will prevent it from griping.

A drop of oil cinnamon or sassafras deodorizes it. It seems to act well on the kidneys, as the odor of it is perceptible an hour after taking. That it enters the intestines is proven by mixing it with milk, I have found it in the actions from the bowels with some dead worms. It also passes from the body by the perspiration as is noticed in the smell of the clothing worn. It can be used also *in vagina* with or without oil. A mop of cotton in a holder used to clean off the surfaces and then oil and cotton afterward. I have found it a good treatment in vaginitis for the reasons above stated. This is not an "elegant" product, rather homely—or backwoods—nevertheless all knowledge is useful and there is no knowing when a county doctor will be caught up without a cart-load of the proprietary beauties at hand.

HOUR-GLASS CONTRACTION OF THE UTERUS.

By W. E. Hughes, M. D., Rockford, O.

A case of true hour glass contraction is of rare occurence, and I have yet to find a physician with whom I am acquainted who has met with a case in practice. Not long ago a journal went so far as to say, that, in spite of the authority of many of our standard works, "such contraction never occurs." Ramsbotham in his work on obstetrics says: "We hear much of hour-glass contraction of the uterus, but my belief is that there is no rarer cases met with in obstetric practice than the real and true hour-glass contraction." Burns says, that "in almost every instance this contraction takes place," that he "scarcely ever introduced his hand into the uterus in a case of flooding without meeting it, whether the placenta had or had not been expelled." Ramsbotham strongly objects to this assertion and is not singular in his opinion. Bhendeel thinks it does not happen so often as

many imagine, and other practical men have expressed themselves in the same terms. Tyler Smith in describing this contraction declares it a "rare affection" and says, "in cases of hemorrhage with hour-glass contraction there may be no escape of blood per vaginum, the effused fluid being confined in the upper chamber of the uterus by the stricture." In a paper read before the New York Academy of Medicine some time ago by Dr. Martin, he declared that "hour-glass contraction never occurred without an adherent placenta." I find on consulting all the authorities within my reach, that it is generally spoken of as occuring after the separation of the placenta.

Regarding the cause, I find that authorities differ greatly. Cazran, (who is generally very elaborate) dismisses the subject by declaring the causes "very obscure." According to Stoltz, "the predisposition exists in the organ itself." Tyler Smith gives as causes, "acute, irregular, or tardy labor, most generally occurring after rapid parturition, particularly the rapid transit of the child through the external parts." Coagula in the uterus, retained placenta, improper traction of the cord, and mental emotion are all exciting causes of this accident. I cannot within the limits of this paper inquire into the causes of "adherent placenta," although intimately associated with the subject under consideration. I will give the history of the only case I ever met in my own practice.

On the 12th day of May, I was called to see Mrs. L., age 41; in good general health, and of good constitution, supposed to be in labor with her seventh child. On my arrival I found her seated on the edge of the bed enjoying, in company with her sister, a quiet smoke, being naturally polite they invited me to join them, and, not to be outdone in this respect, I did so; in about twenty minutes she had a slight pain. I then questioned her as to her condition; she informed me that her time was up two days before. I waited about half an hour, a pain came on, I made an examination, and gave it as my opinion that she was not in true labor; on questioning her more particularly, I found that she had had diarrhœa, caused by eating something which had disagreed. I gave her a Dover's powder and promised to call in two days, as I should be passing that way. I then went home, of course I

directed that they should send for me if decided symptoms appeared in the meantime. Late in the evening of the 14th, I called according to promise, and found my patient in bed, having had for several hours, pains, at regular intervals of about twenty minutes, I asked why I had not been sent for before, they said they relied on my coming according to agreement, which, I think, under the circumstances, showed more confidence than prudence. Up to this time there was nothing apparently very unusual, but, as I had never attended her in confinement before I made inquiries of her husband regarding her previous labors; he informed me that on more than one occasion "the after-birth had grown fast; that she once had severe flooding, but had always made a good recovery; that her last labor had terminated in an unusually short time, and her recovery had been very rapid." About an hour and a half after my arrival the child was born, everything up to this time having passed off to the satisfaction of all parties. About ten minutes after the birth a pain came on, and I was astonished at the large size and peculiar shape of the womb, as felt from without. I made slight traction on the cord which produced a little more pain. I stated my belief that the placenta was adherent and my intention to at once deliver it; the woman was anxious to have the operation concluded as soon as possible. Keeping my left hand on the womb, which was quite firm, I directed one of the women present to take hold of the cord, and, without making any decided traction to keep it somewhat tense. Following up the cord and reaching the os, I gently but firmly, and with some difficulty, introduced a finger, and, after a time a second, the womb now slightly relaxing I gradually got in my whole hand, and found a quantity of clots, but no placenta, however, on following up the cord I came to orifice number two, and here the greatest difficulty was met with; by dint of patience I got in a couple of fingers and found the placenta. I gradually forced open the stricture and got my hand in the upper cavity. I now took hold of the cord myself and made slight traction, gently broke up the adhesions, which of course gave pain, and grasping the placenta attempted to deliver. The womb again contracted strongly, but I kept my hold, and gently with some difficulty withdrew the placenta, on getting through

the upper stricture no further trouble was encountered, a slight hemorrhage followed, and then the womb quickly assumed its proper shape, much to my relief and satisfaction. The woman made a good recovery, but my success in this, my only case of the kind, in no wise makes me anxious to meet another.

THE OBSTETRIC "DOS AND DON'TS" OF DR. BRODNAX DISCUSSED.

By Dr. J. W. Vance, Madison, Wis.

Dr. Brodnax's "Dos and Don'ts" in the August issue of the Journal are very interesting reading, and I can say amen to most of them, but not to his "Don't own or use obstetrical forceps."

There was a boy that *is not*, because I did not own or use forceps when he was born. It was a breech presentation, and as soon as the head engaged in the external os, the uterine contractions ceased and unwilling to decapitate the fœtus, I was compelled to let it die a natural death, for by the time the next pain ensued the fœtus was beyond the reach of any efforts at resuscitation when the head was delivered. That is the only case I ever lost in that manner. I have had a number of such exigencies occur in my practice since then, but, with the exception of one, I have had my forceps ready for the emergencies, and the lives of the infants were thereby preserved.

It may be they do not have body presentations in Louisiana, but where we do have such cases, it is obviously dangerous to the child from compression of the umbilical cord by the fœtal head during its passage through the os externum. It may not be well for every practitioner to carry forceps lest he be tempted to use them too frequently, yet my impression is that there is not much danger of it, for I have generally found my patients so averse to their employment that I have been forced to wait until the necessity of the case became so urgent that all fears and objections were overcome. So satisfactory has been my experience in the use of obstetrical forceps that I will go to the opposite extreme from Dr. B. and say to the young doctor: First, learn how to use the forceps, and then take them with you in your obstetrical bag and be prepared when the occasion

demands them. Of course, every obstetrician must use his judgment based upon the knowledge he has acquired from reading and his college training, and not take any single practitioner's *ipse dixit* either in the use of the antiseptic program or the non use of obstetrical forceps. The abuse of mechanical aids in delivering is not a sufficient reason for tabooing them wholly. Common sense with a good substratum of medical science, which obviously includes obstetrics, our chief guide must be.

Dr. B.'s "don't No. 4" is good and naturally corelates with No. 5. I concur with Dr. B.'s No. 8, but when I reach No. 10 I can not agree with what he says about "Crede." Let me interpolate a "don't" right here: don't overdo the Crede and it is all O. K. His *Do* No. 12 is not good. He says: "pull on the cord all it will bear." I did that in one case and broke it in two. I don't do it now. When you break the cord you discover how much it will bear, and you have a very unpleasant dilemma on your hands in the bargain. Don't do it. Here is an occasion for judgment. There is no utility in hard pulling upon the placental cord. I have found very little difficulty in removing the placenta in the following manner: I take the cord in my left hand wrapping it about my fingers in a way to obtain a firm hold about it; then drawing firmly but not hard. I pass my index and middle fingers of my right hand along the cord until I reach the placenta; then, with the two fingers, press or pull gently on the placenta. Soon it will begin to separate from its attachment to the uterus. I use also at this stage the "Crede" occasionally if the case seems to need it. As the placenta begins to move from its moorings, I slowly turn or twist it out of the cavity, twisting the secundines into a cord by a complete turn, thus removing every shred of membrane. Since I have employed this method my lying-in patients seldom suffer from severe after-pains. I am sure this is better than "pulling on the cord all it will bear."

I agree with "Do No. 13" in the use of the abdominal bandage, but prefer red gum extract or aqueous extract of arnica to his wad of cotton soaked in turpentine. I never tried his resort to stretching the vulva in primipara cases, and I am of the opinion that the good he thinks it does is counter-balanced by the danger of bruising and congesting the parts, thus possibly

increasing the pain when they are put upon the stretch by the pressure of the fœtal head, and consequently augmenting the risk of the rupture. I have faith in the "Master" who knew what He was about when He built the vulva. Our presence at the bedside is to help when help is needed and not otherwise, for we remember the proverb about "meddlesome mid-wifery." I have had in a long obstetrical experience but one perineal rupture which I had to sew up, and that was in a post-occipetal presentation where the fœtus was delivered with the forceps. The mother was forty-five, and it was her first child.

Dr. B.'s advice not to be in a hurry is peculiarly applicable in instrumental cases. After applying the forceps await Nature's efforts and simply aid them. Don't hurry or think you must drag the fœtus from the pelvic cavity by main strength, as a dentist would snatch a tooth from the mouth.

I especially commend Dr. B.'s No. 16 to invite your brother doctor to help you especially if he is a young doctor. Don't be jealous or afraid of him. One great fault prevalent among us doctors is, we act fraternal toward each other only when we meet in our medical societies, just as some people who don their religion with their Sunday suit.

THE PROTECTION OF SOCIETY AGAINST CRIME—PARTICULARLY PROSTITUTION.

By W. S. Pixley, M. D., Portsmouth, O.

[Read Before Hempstead Academy of Medicine.]

[Let no man say when he is tempted, I am tempted of God; for God can not be tempted with evil, neither tempteth he any man.

But every man is tempted, when he is drawn away of his own lust, and enticed.

Then when lust hath conceived, it bringeth forth sin; and sin, when it is finished bringeth forth—death.—James I., 13-14-15.]

Dr. Oliver Wendell Holmes once made answer to an inquiry as to how he would stop a certain vice, that he would want to go back one hundred years before the individual was born, thus implying that ancestry, habits and perverse instincts could not be

cured or reformed by the enforcement of present laws. A study of the subject from a scientific and sociological point of view will convince one of this, even if common sense did not show it. If prostitutes be taken from their surroundings and placed where they can earn an honest livelihood, they, as a rule, go back voluntarily to their old mode of life. And they do this in spite of the fact that this life is always a short one, and ends in sickness, degradation and misery. "Like begets like." And there is wisdom in knowing in which direction the procession to which our parents belong is moving. We would do well to study men and women, physiologically and historically, more.

Breeders of animals take into consideration certain desirable peculiarities by the selection of parents. The fullness or perfection of the germ in which individual life begins, and the energy of the sperm that animates it, determines the distance which any man will be likely to journey from the womb to the grave. Prostitutes represent a special, degenerate, and, in a sense, criminal class. Of course, statistics can only be approximated, but it is estimated that over ten per cent. are of illegitimate parentage, a large proportion are born of alcoholic, syphiletic, adulterous, or criminal parentage; a large proportion have morbid sexual propensities and crave sexual excesses. Alexander Dumas in his novel, "*La Dame aux Camellias*," illustrates a very typical and instructive history of the prostitutes in Alphonsine Plessis. Her parental grandmother, who was half-prostitute, half-beggar, gave birth to a son by a country priest. This son was a kind of country Don Juan, a peddler by trade. The maternal grandmother was a nymphomaniac whose son married a woman of loose morals, by whom a daughter was born. This daughter married the peddler and their child was the Lady of Camellias. Said lady had unquestionably the powerful and perverted sexual instincts of many of her class. She died childless in early life from consumption—nature thus extinguishing the race.

The tendency of the times is towards a more charitable, because a more intelligent consideration of the relation of perverted or criminal couduct to antecedent and concomitant conditions affecting the lives and characters of the guilty, and a recognition of the duties to society, growing out of such relations—whilst not

tolerating the crime or forgiving the criminal. We all know that the enforcement of municipal laws in driving prostitutes from their homes, has not lessened adultery—only changed their base of operations. Medical writers are urging asexualization as the proper method of dealing with all confirmed criminals of either sex—being the most humane to the criminal and best protection to decent society, and elevating in its moral tendencies.

The term asexualization being a term applicable to both sexes, instead of emasculation which applies to men only, and its applicability to the entire class of offenders, whatever their crime, without limitation to such as do violence to the laws governing the commerce of the sexes. There are other nervous diseases or perverted habits that I have long believed the operation would benefit. About twenty years ago I had a case of epilepsy caused by masturbation—a county charge—which I believed I could have cured by the operation, but as the operation was deemed unlawful, and parties threatened suit for damages, it was not performed, the patient subsequently died a miserable death in the poor-house.

The question to be considered is by what method of punishment, the most kindly and considerate, can society be most effectively protected from injury and apprehension; crime most effectually diminished and prevented, and the class of persons under consideration, most effectually reformed? It has long been my belief, that the proposed plan is in accordance with the physiological and psychological facts and principles, and its intelligent enforcement would, after a time, fully vindicate the wisdom of its adoption.

In support of this plan let us submit, that the conduct, speech, and action of all human beings are expressive of the organic instincts, capabilities and appetites, indicative of the necessities or desires of such beings. And such may be classed under two heads, "love of life," or "love of sex," the one being the preservation of self, the other being the reproduction of self, the end of both being perpetuation of the race. All human conduct—exalted or debased, gain or glory, power on earth or heavenly approbation, gratification of grosser or groveling appetites of the senses may be referred to one or the other of these loves.

The love of life is the first, longest and strongest of the two. Love of sex develops with the sexual capabilities, grows stronger with the natural growth and exercise of functional capabilities, to culminate and diminish, leaving but a memory, long before the limit of individual expectation of life has been reached.

The greatest exhibition of vicious conduct in the loves of the criminal class, is during the period of human existence noted for the activity, strength and domination of the love of sex, and is intimately associated and related therewith. Note the daily chronicle of crime—homicide, suicide, defalcation, embezzlement, etc., ascribed to sexual influence or motives associated with sexual love. Witness also the vices of intemperance, associated with or instigated by sexual excesses or unsatisfied sexual desire, of prostitution maintained by lust, of gambling, etc., with delusive hope of obtaining immediate wants growing out of the requirements of sexual relations, etc., and the nameless disorderly sensations, emotional and imaginative, leading or driving many towards crime, originating in sexual disturbance, whether of deprivation or excess. The erotic mania that impels the old man of eighty to assault the child of eight, is not a case for the penitentiary, but rather is characteristic of the psychical or structural development. These are manifestations that are reproducible and being constantly reproduced, perpetuated, and multiplied with tendency to exaggeration, by intermarriage of persons of like defects, according to recognized laws of the activities of living matter, called heredity.

By destroying their capabilities to inflict injury upon each other, or changing their desires consequently their purposes, society protects itself. This can be done without destroying capabilities or consequent desires to maintain individual existence for practical usefulness.

Admitting these propositions to be true, there is no other method so well adapted to prevent the commission of crime, or the reformation and improvement of the criminal or defective class. The asexualization of all convicts indicating constitutional depravity transmissible by parents ought to be done. For the purpose of intimidation it has a terror equal to the death-penalty itself.

Many men derive nearly all conscious pleasure from indulgence in sexual appetite, and regard it as the chief end or value of existence. This loss of manhood, as well as source of enjoyment would be contemplated with abhorence and avoided by all sane men. As a reformative measure it is in accordance with known facts of science, that all feelings, desires, purposes and conduct, is definitely related to antecedent conditions of living mechanism The "moral instruction" of convicts in prisons is too slow and uncertain for practical purposes, but its best feature is that which promises to surely diminish the number of the defective classes of society by limiting to the extent of its application, the reproductive capabilities of such classes, instead of, as we are now doing, carefully preserving them by public benefactions from their own tendencies to dissolution, and complaisantly permitting them to multiply and accumulate by unrestricted reproduction.

You may ask, why not kill them at once? Undoubtedly, that would be prompt and thoroughly efficacious, but it goes beyond the necessities of the case, or the requirements of nature and destroys the man, while asexualization only changes him; than the death-penalty has been gradually growing in disfavor in this country. Imprisonment for short terms at labor or in solitude, cruelly or humanely practiced, has failed to reform or to diminish the numbers of the classes to which they belong. When they are returned from our penitentiaries deprived of their reproductive powers, society would have a different story to tell.

I am an optimist, I believe the world is surely and gradually moving to a newer and brighter light Public sentiment may not just now look with favor upon the proposition to permit of an enactment of a penal law of that character. Prominent medical men are urging the subject and public sentiment of the future may realize that positions of to-day may be occupied with safety, that yesterday seemed to be dangerous if not inaccessible.

Crime is due to some fault in the organization, which renders the individual less able to withstand temptation or to control improper desires. It may sound strange, but it is correct to say that it is as natural for some people to commit crime, when under provocation or temptation, as it is for a dyspeptic to have indigestion after over-eating, or a rheumatic to suffer from the results of exposure.

BLOOD POISONING FROM A BITE.

By Ben H. Brodnax, M. D., Brodnax, La.

A few days since I was asked by my friend, Dr. Geo. H. Ogbourne, to assist him in a minor surgical case. The subject was a negro man of splendid muscular force, the left index finger having been bitten, near the first joint from end, by another negro in a fight, ten days previously. Unfortunately it had not been immediately treated and fell under the doctor's charge too late to cure. It was a fearful looking hand, the whole joint next the hand was swollen, ulcerated and gangrenous, the hand badly swollen and pus had burrowed back to the wrist. The doctor gave him an hypodermic of one-fourth grain of morphine at 8:30 a. m. and a few minutes after I administered chloroform. He was very slow in getting its influence, and after the doctor started to work he showed some sensibility. The finger, entire, was removed by enucleation and as good a flap as could be had, was taken from the side of the hand next the thumb and carried over. I sewed it up with seven stitches, each separate, and tied. We were in doubt, even then, if gangrene would not show itself in the wound, although it was cleansed with a twenty per cent. solution of carbolic acid, and after suturing was covered with vaseline and same. However, to-day the wound is nearly healed and looks well, eight days after operation. One curious sequela however, deserves notice, although at no time more than really insensible to pain, from the use of the chloroform, he seemed afterward to go into a sound sleep from which he could not be easily aroused. At 12 M. I went to my home near by and was shortly recalled by the "doctor" not liking the symptoms. He had given him after sleep a hypodermic of nitro-glycerine 1-50 on account of the slow breathing. When I arrived he said, "several times he stopped breathing for a minute at a time, but the hypodermic has brought him around." He was then breathing five or six times a minute. He slept till about five o'clock p. m., when he was all right and was sent home. I have never seen a clearer case of opium poisoning in my life from so small a dose, considering the subject's size and strength. I have never

been in favor of morphine hypodermically before chloroform, preferring chloral hydrate by mouth always. It is a little slower, but I think safer. I am satisfied had the man been operated on at his home instead of at the doctor's office, he would have died from the effects of the morphine. The chloroform was not in it at all except perhaps to intensify the morphine.

The stump is healing nicely and considering the previous condition, reflects much credit on the doctor's skill. I am not sure whether the negro who did the biting was a "blue gum,"* or not, "supposably he am," as the subject remarked when asked by the doctor.

THE FEVER THERMOMETER.

By Geo. J. Monroe, M. D., Louisville, Ky.

Some years ago I had typhoid fever. Being a physician I took my own temperature a number of times. When the disease had spent its fury and I was nicely convalescing, one day I took my temperature by placing the thermometer under my tongue. Judge of my surprise when I found it registered 103° Fahrenheit. I was satisfied I was getting better, I was feeling very well, but when I found this high temperature I was frightened. In fact it really made me sick. I sent for my physician and showed him my thermometer at 103° Fahrenheit. I imagined that some new inflammatory action had taken place somewhere. He examined me very carefully, but could find no trouble. He took my temperature again. The registry was a little less than a hundred. He could not account for the high temperature which had taken place, neither could I.

The following day at the same hour I found my temperature high again. I was not feeling badly at all. I began to study, to see if I could not account for this apparent rise in temperature. I remembered that just before taking the temperature each day. I had drunk or sipped a glass of hot milk. I waited two hours, found my temperature normal. Drank another glass of hot

*It is a superstition, among the negroes, that a bite by a negro whose gums are of a "blue" color is as poisonous as that of a rattlesnake.

milk, took temperature and found it 102½° Fahrenheit. Drank slowly a glass of ice water, found temperature sub-normal. This taught me that the temperature taken in the mouth, was extremely uncertain. Supposing my physician had visited me at the time of the high temperature, and had relied upon that alone, he would have decided I had fever, and prescribed accordingly. I must conclude therefrom that as a means of diagnosis, the temperature taken in the mouth is unreliable. The pulse is not always indicative of fever. Exercise of any description increases heart-beats. If we rest a short time after taking exercise the heart-beats assume a natural condition. Sick people are in the habit of taking hot drinks, and exercise at any time, and these hot drinks increase mouth temperature, and exercise increases the heart action. Probably the most reliable place to take the temperature is in the rectum or vagina. We cannot always, even in these localities, obtain a true temperature. If they perchance are inflamed, the temperature will be several degrees above normal. Any physician of much experience can approximate the temperature by placing his hand upon the skin of his patient. Under the arm I have known the temperature to vary several degrees in a few minutes time. I have seen a temperature at 110° Fahrenheit, and at 94° Fahrenheit, and yet patients have recovered in both instances. I do not think the thermometer a very accurate means of prognosis.

AN AGENCY PHYSICIAN'S EXPERIENCE AMONG FRONTIER INDIANS.

By Jas. L. Neave, M. D., Dresden, Ohio.

Thinking that some description of the personal characteristics of the Indians, might be of interest to the readers of the Cincinnati Medical Journal, I have undertaken to put into print a few of my observations, obtained during my seven years residence among them.

They certainly were the most careless, happy-go-lucky people I have ever met. Careless of to-morrow; making no provision for the future; mindful only of to-day. Let an Indian come in from a successful hunt—a feast is immediately in order, and all

his relatives, and all his wife's relations, and all their connections are immediately on hand. And they stay right by him faithfully until all is eaten up, and all are content so long as they are full. Let an Indian receive money from any source. It burns his fingers, and he is restless and unable to apply himself to anything except getting rid of it as fast as possible. A case in point as follows: In years gone by, a certain party sojourning temporarily on the frontier. left his traces thereabouts, in the shape of a boy that lived to grow up. Several times while I was there, he sent money to the Indian mother, sending through my hands at one time forty dollars. I jokingly remarked that I ought to be paid something for my trouble, and to my surprise she instantly handed me ten dollars, which I, of course, did not accept.

This reckless disregard of the value of money is noticed whenever any is given these people. They are uneasy until all is spent, and they spend it as though their sole object in life was to get rid of every penny as expeditiously as possible, no difference whether they have any real need for the article purchased or not.

As a rule, Indians are honest; that is they are naturally honest until contaminated by too free association with whites. No Indian ever thought of appropriating the property of another. No Indian ever attempted to enter his neighbor's house, while that neighbor was away with his entire family. It was not necessary to lock the door, either. All that was required was to close the door and latch it, and then draw a branch of some tree into the doorway. This branch notified all interested, that the inmates were away from home, and I never heard of this notice being violated. I used latterly to see these same doors padlocked in addition to having the branch placed in the doorway—but to the credit of our race be it known, that the branch was a notice to *their* people, and the padlock was a reminder to *ours*. This careful observance of the rights of others did not extend to other tribes. One tribe had no property rights that another tribe was bound to respect—except of course in the case of the tribes being confederated. Thieving between different tribes was honorable. So far as I individually was concerned, I never

lost the value of a cent, during the entire seven years that I lived among them. Not a day passed that we did not have Indians in our house. Indian women did our washing and ironing for us, and occasionally acted as nurse for our little ones. These wandered at will over our house; not a thing was locked up and nothing ever was missed. This was the experience of all the Government employes—at least all those that treated the Indians fairly and honestly.

There is considerable human nature in mankind, and Indian nature is human; and as a people they are not absolutely perfect. When a good opportunity presented itself for playing smart, they would take advantage of it occasionally, but more through the spirit of mischief than through any real wickedness. Our farmer had a patch of watermelons at a little distance back of his house, on the road to the Indian village, over which the Indians were constantly passing. One Indian gained considerable credit for himself by supplying the farmer, who kept the "mess house," every few days with watermelons, and allowing the farmer to think that they came from a hypothetical patch of his own, some twenty miles up the river. At last the supply gave out and the farmer applied to his patch for melons, only to find that the wily Indian had helped himself to the farmer's melons, day by day, as he passed the patch, and had sold them to the farmer and received the cash every time. The patch was stripped; both farmer and Indian had received the benefit; but the farmer's faith in Indian honesty was rudely shaken. Yet this was an exceptional case, and was committed more through the Indian's inherent love of mischief, than through any real desire of committing a theft.

My experience among these people was that they detested a lie. Their faith in a man's word was absolute, and so long as a man continued to hold his lightest word as sacred, keeping all promises, be they ever so slight, that man's ascendency over these people was complete. I was made to realize this fact when I first came among them, and took every pains never to deceive them in the slightest particular. Before I left, my influence over these Indians became so strong that it was a matter of pride to me—gained as it was by a reasonable success among

them as their physician, and by an absolute adherence to the keeping of my word when once I had passed it. Many times, my opinion was deferred to as to the correctness of some statement that may have been made to them by others, perhaps higher in authority than I was, and my word invariably settled the question. This influence gained by me, at one time saved the agency from destruction, as I will relate further on. No excuse for a failure to keep one's word was ever allowed by an Indian. A promise was made, the individual making such promise had failed to make good his word, therefore he had lied; this was the inevitable conclusion. The failure may have been unavoidable, but no difference, the pledged word was broken, the party had lied. I am not sure that even death would save one from the stigma. During my residence among them, I invariably managed to keep my word, and obtained influence accordingly. I have gone to their village after having the day before promised to do so, when I was so sick that I could scarcely keep on my feet. Once, with several ribs broken, I rode to the village when every step of my horse caused excruciating pain, and the mile ride seemed ten. Coming back, I walked, as this caused less pain, and led my horse who fortunately followed quietly. And the only point gained was that I had kept my word good.

Ask an Indian his opinion of yourself. Either he will remain silent, or he will tell you just what he thinks, no smoothing over of opinion, but plain unvarnished truth spoken tersely. If he considered you untruthful or dishonest, he will look you unflinchingly in the eye and plainly tell you so, or if his opinion is favorable, it is just as clearly given. And the character you first obtain, is the one that will always stick to you. The agent who habitually broke his word to them, will be the Liar Chief to the end of time; and the one who feathered his nest wrongfully, at their expense, will be Nashan Cheewinch—Robber Chief—for the same period of time.

Elephants and Indians never forget an injury be that injury real or imaginary; and a blow, or the spilling of blood, can only be atoned for by the death of the offender. Illustration. A white man John N——, who lived among the Indians as a squaw man (lived with an Indian wife), was one day removing the

cartridges from a Winchester rifle. One of the shells stuck, and the effort to remove it, accidentally caused the hammer to fall, exploding the shell. The bullet struck a heavy cannon stove, glanced almost at a right angle, and struck an old Indian warrior, giving him a mortal wound. John was greatly alarmed at the occurrence as he well knew that only blood could atone for the shedding of blood. But the old Indian said that he was glad to die that way; he was an old man and would have had to die of disease or old age, before long, and he was glad of the chance to die as a warrior. The old man, actually thanked his slayer for his kindness. He had his relatives called in, talked to them as indicated above, and told them he didn't want them to molest the white man in any way whatever; and turning to John, told him that he would die perfectly happy, if only he could have a nice blanket in which to be wrapped for burial. John immediately went out and bought the best and handsomest blanket he could find and brought it to the dying Indian, who received it with evident pleasure, and the incident was presumed to be closed. But was it? The natural desire of the Indian race of blood for blood, seemed impossible of eradication, and Mr. N—— was hounded by the relatives for years. The threat of death, unless he complied with all their demands, was held over his head by the relatives of the dead Indian and he was little better than a slave to their desires. Matters came to a crisis at last and John asserted the manhood that had lain dormant all this time. One day while at work in the "bottoms" at quite a distance from the village, he was approached by one of the relatives, and the usual demand was made, coupled with the usual reference to the fact of his having killed the old Indian. Reaching for his Winchester the white man drew a steady aim on his persecuter and ordered him not only to withdraw his demand instantly, but also to pledge himself that the offense should never again be repeated, either by himself or any of his connections, or he would kill him where he stood. The Indian was taken entirely off his guard, and complied with the demand. The white man, after telling him that he would shoot the next one who made the obnoxious request, lowered his rifle, and the incident was closed forever.

The Indian's word was passed—he saw to it that the others were made partners to the obligation, and the white man was released from further annoyance. These instances might be multiplied, but the above will serve to illustrate a phase of Indian character which will be recognized by all who have ever lived among them.

(To be Continued.)

ALCOHOLISM—A REJOINDER.

By S. H. Britton, A. B., M. D., Adelaide, Ohio.

Apropos of the article on "Alcoholism" by Thos. P. Satterwhite, M. D., of Louisville, Ky., we wish to submit the following: That the paper was opportune in that some points were raised that ought to have been settled long ago. Further, that we commend Dr. S's remark in closing the discussion—"not only should there be an earnest desire on the part of the person to be relieved of the liquor habit before any medicine administered will counteract the appetite, but there is a higher power than all this which has its influence and that is the grace of God. I want to go on record as saying that without this, all your medicines, Keeley cure or anything else, will be of no benefit in the treatment of alcoholism."

Bravo! now we submit: If this be true—and we verily believe it is—the moral aspect of the subject is the most important. The temperance lecturer was right in declaiming against the "sin of inebriety and our Legislators." Most assuredly he was! What we shall have to say may not seem as appropriate in a medical journal as in a religious periodical. However, "He that formed the eye, shall He not see!"

Does any doctor allow himself to be so ignorant as to claim that alcoholism is not a sin? If so, this paper had better be published where it will do the most good—in a medical journal. God being omniscient, does He not see the depths of degredation to which alcohol brings a man? Certainly He does. Is it laudable for a drinker to reform? Certainly. Even our Creator is pleased by such a move, and beyond question will help one

who earnestly desires to stop drinking. We physicians, as intelligent, educated men, know these things and have as much influence on the masses as any profession on earth. We are confronted both in a medical and in a moral way by alcoholism; and, desiring the common good, we cannot but face the question fairly. Dr. S—— says; "A large part of the medical profession, including many of its most prominent members, consider the liquor habit a disease."

We reply—"A large part of the medical profession including many of its most prominent members drink liquor any place from "some" to "a great deal."

Moreover, any one can see, on a little reflection, that his statement really does not mean much. We are to understand then that the liquor habit is a disease—caused by a disease—cannot be helped by the victim—is brought on by something (a disease) that gives an irresistible appetite for drink—before the man ever sees whiskey and that these poor miserable men are the victims of a freak of creation, and must be taken in hand by the medical profession, This is undoubtedly the meaning. And this idea is supported by a "large part of the medical profession!" The Lord help the profession!

The time may have been when the majority of mankind believed the world to be flat. The time was when the majority of the people of the U. S. believed slavery to be right.

But we have long since found that a majority may not be authority, else the children of Israel would have continued at one time to worship the golden calf. If a large part of the profession believe such ideas, they are to be pitied.

Now we want to assert boldly that the statement that the liquor habit is a disease *per se* (please notice what we claim) *independent of effects of alcohol*, giving a semblance of an excuse for drinking liquor as a beverage, is positive foolishness and an insult to the intelligent and respectable part of the profession.

The idea of a disease of which we have no control, causing the liquor habit is, to us, the most pitiable, transparent, far-fetched inadequate, groveling excuse for the liquor habit that the ingenuity of the devil can suggest. It isn't within a gun-shot of

respectability. The disease, whatever it may chance to be pathologically, is acquired by the use of alcohol and *does not pre-exist.*

Therefore we wish to go on record as saying, that the dignity of the profession, and certainly our duty to our Creator, require that the absurdity be dropped; for it has already done much damage.

Even during the last few hours, a poor broken-down alcoholic came to the writer for medicine to steady his hands while he earned something for his family. The poor man having received but little benefit from the Keeley cure some months ago, imagines the "disease" now incurable—that he has an excure for his sin, his silly weak-mindedness and is "bound to die a drunkard." What *is* alcoholism? We ask—what is bromism—what is cinchonism? Does anybody know anything about an *inherited* cinchonism? No! No!

Think of a man having the liquor habit before drinking liquor!! *Now remember*, if he gets it *after* drinking liquor he is not to be *pitied* because he can prevent it.

Listen! "Just what is meant by the disease of inebriety is not well defined." Well indeed! We thought nothing could be plainer. Guess a little analysis will straighten things up. How will this definition do?

Alcoholism, the ensemble of pathological conditions produced by the continuous or periodical ingestion of alcohol. Is not this *all* that it is?

Neither is the appetite for alcohol this "disease" which is the root of so much evil, but it is simply a symptom of the morbid conditions brought about by alcohol. Isn't this so? Buying (or stealing) and drinking alcohol is the great sin. Alcoholism (as defined) is the *disease.* Is the subject mystified to anyone? It need not be. No one is born with an ungovernable appetite for whiskey. Individual peculiarities must and will crop out in people. We admit that the boy has his father's "make-up," but that is no excuse for him drinking whiskey. There will be a time when every man will stand strictly on his own merits and answer for his own sins. Is not this a fact worth remembering, in discussing this subject?

Alcoholism cannot be reduced by ever so much painstaking to

an invariable disease (like pneumonia) with a positive pathology. Yes, we must forego the pleasure of administering a specific, like Keeley found (?), for the destruction of the bacillus alcoholicus!

In conclusion we beg to state; Space forbids a creditable presentation of the ideas that rushed upon our mind while reading the article referred to. We do not wish any one to consider this a *personal* attack, but we were shooting at anybody that got hit.

Medicines are unquestionably beneficial in combatting the appetite for liquor and for removing pathological conditions brought on by it.

No system of "poor fellow, he can't help it" treatment is to be considered on the score of heredity.

The *sine qua non* for getting rid of alcoholism is removing the cause. In conjunction with these measures we would say, in the language of Dr. S——: "Not only should there be an earnest desire on the part of the person to be relieved of the liquor habit before any medicine will counteract the appetite, but there is a higher power than all this, which has its influence, and that is the grace of God."

When the cholera was at its worst in 1849 a doctor in New Orleans had an old negro servant who had weathered the yellow fever many times. He became very much frightened at the cholera, however, and his master heard him one night praying to "de angel ob de Lawd" to "spar' 'im dis heah time—to lef him alone jist a trifle longa, an' den tuh tak 'im up to glory." But he concluded his prayer by expressing his entire submission to the Lord's will. The doctor determined to test the sincerity of Sambo's professions. He knocked loud and long at his door.

"Who dar?" called Sambo.

"The angel of the Lord."

"What he want dar?"

"I have called for Sambo."

The doctor heard the candle blown out suddenly, and then Sambo's voice energetically answered: "He hain't heah. Dat nigga have been daid three weeks!"

Clinical Reports.

OPERATION FOR CYSTIC DISEASE OF THE TESTICLE.

By William L. Rodman, A. M., M. D.

Professor of Principles and Practice of Surgery in the Kentucky School of Medicine, etc., ect., Louisville, Kentucky.

[The Louisville Clinical Society. Stenographically reported by C. C. Mapes.]

I have here a very beautiful specimen of multiple cystic disease of the testicle. The patient was a man forty-six years of age, and the disease was first noticed two or three years ago. Operation was performed July 13th, 1895. The opposite testicle was similarly affected, being almost as large as the specimen before us, and the only reason it was not sacrificed at the same time was that the man was a healthy vigorous individual, and of such a nature that I thought it advisable to leave one testicle if there was a chance of possible function. The other testicle, which, as I have said, was nearly as large as the one I present, was simply opened and about twenty-five of the smaller cysts cut away entirely, and the larger ones cut away as much as I could. The very largest of all the cysts I stitched to the skin and stuffed with iodoform gauze. Each of the cysts contained a perfectly limpid fluid, a total of twelve or fifteen ounces was probably removed from the testicle and cysts before us, and about the same quantity from cysts of the testicle on the opposite side. The case has done beautifully; there was no reaction at all in the testicle that was left; no swelling of that side, and I dare say that he will be able to functionate with the testicle which was left behind.

I have removed a great many such testicles, but this case is a little unusual in that both testicles were involved. The disease is what Cooper calls a hydatid testis. The pathology is rather obscure. Sutton probably comes nearer being correct than any other authority. He claims it comes from an outgrowth of the Wolffian bodies, and tissues between the epididymis and the testicle proper. The treatment is usually excision, because I

suppose if we were to cut away these cysts, others would form. I expect that to occur in the testicle left behind.

The operation was done in thirty-five minutes, both sides being operated at the same time.

DISCUSSION.

Dr. W. H. Wathen:—I have been very much interested in the reports of cases of this kind by Dr. Rodman to this society during the last year, and have had the pleasure of being present at a number of his operations, and I am familiar with the history of this case before and since the operation. Under the conditions present I think he did the wise thing to leave one testicle and drain the cysts as perfectly as he could, but if there were no conditions that contraindicated removal of both testicles, I think it much better in cases of extensive testicular adenomata to remove both, because the disease is progressive and I doubt if any form of treatment, after the disease has continued for a considerable time, will prevent further development. The trouble does not begin in the testicle proper, but in fetal remains known as the paradidymis, the analogue of the paroöphoron in the female, and gradually involves the structure of the testicle and finally destroys the entire testicular structure. While Dr. Rodman's patient will probably be very much improved, I am inclined to believe he will find within a reasonable length of time that other cysts have developed and the testicle will be gradually destroyed.

Dr. Louis Frank:—I would merely like to ask Dr. Rodman if he thinks this cystic condition springs from the fetal remains, or if it has been developed in some of the structures of the testicle. The fact that the testicle has remained so little deformed and apparently uninjured is rather remarkable, I think, considering the size of the cysts; they seem not to have interfered in any way with the testicle itself. It would be very interesting if these cysts could be examined microscopically to determine exactly what is their origin and their pathological condition.

Dr. W. L. Rodman:—Dr. Wathen has given us the latest pathology of this subject. As Dr. Frank says the testicle looks to be reasonably healthy, that is from its gross appearance. The disease is evidently between the epididymis and the testicle, or in the epididymis itself. According to Sutton and Eve, two of the most recent authorities in this line of work, and according to Curling whom Sutton quotes in his book, the pathology is just as given by Dr. Wathen—that the disease begins in the remains of the Wolffian bodies, or paradidymis, and the trouble is not in the testicle proper. I fully agree with him that other cysts will form in the testicle left behind. I have so told the patient, but have also told him that I hoped it would be at least four or five years before it would be absolutely necessary to remove the other testicle. One of the most interesting features about the case is, why both testicles were affected in such a symmetrical

way. I had both testicles exposed at once. I explained to the patient before beginning the operation that I would expose both testicles, examine them carefully and save both if it were possible, but would leave one in any event. I compared them and this being rather larger than the other, it was sacrificed and the other left. The number and character of the cysts were very similar indeed, as the gentlemen who witnessed the operation noticed at the time, I am going to do jnst as Dr. Frank has suggested, i. e. to make a thorough examination of these cysts. Sutton calls this condition testicular adenomata. I cannot understand why he should call it adenoma, as there is no glandular tissue in the tumor at all, it is a typical cystic formation. An adenoma is a growth composed largely of glandular tissue; but these are nothing but plain simple cysts, with no solid tissue at all.

Dr Louis Frank:—Dr. Rodman's last remarks have suggested a point that I wish to bring out: May not this trouble be primarily true adenomata as we know that we have in other structures, in the breast, etc.? Where we have these adenomata they may undergo cystic degeneration. This may be detected by the character of the epithelial structure in a microscopical examination. I differ from Dr. Wathen, as I have done on several other occasions in that I believe that this and other similar tumors which heve been shown, are not true adenomata, they are either trye cystomata, or if we call them adenomata we must add that they have undergone cystic degeneration.

OPERATION FOR APPENDICITIS IN THE QUIESCENT STAGE.

By W. C. Dugan, M. D.

[The Louisville Surgical Society. Stenographically reported by C. C. Mapes.]

Perhaps I should offer an apology for bringing up the subject of appendicitis, which has already been worn threadbare; and I present this specimen and report the case for one reason only, i. e. that the operation was done in the quiescent stage. The appendix was removed this afternoon from a young man who gave this history: He has been having what has been called colic for six years, three or four attacks a year; at first he was laid up in bed with severe belly-ache, as he expressed it, then a soreness next day, the third day he was out. The attacks increased in frequency and in severity, until the last attack two weeks ago he was laid up for a week with his abdomen very much distended, constipation, great soreness and a considerable amount of fever. The attending physician at that time made

the diagnosis of appendicitis and thought favorably of an operation, but the patient improved soon after that, so operative procedures were abandoned. The patient's brother had witnessed an operation that I performed on a "chum" of his ten days ago, and told the patient that he was in the same condition and should be operated upon; that his chum made a very narrow escape, the appendix being gangrenous and on the verge of rupture, in fact ruptured as it was being enucleated.

The young man was brought to me yesterday, and upon examination I could feel the appendix roll beneath my finger; as my finger slipped off it would cause pain. I ordered him purged thoroughly with salts and sent him to the infirmary, and advised him to have the appendix removed in this stage. I explained the condition thoroughly to him, suggesting that he be operated upon in the quiescent stage rather than wait until rupture had occurred.

He was put upon the operating table and an incision made internal to the usual site. The peritoneum was found very much thickened, showing evidences of former peritonitis; the appendix was bound down firmly against the caecum, so much so that I drew the cæcum out and at first was unable to locate the appendix; the only way I could locate it at all was simply by the resistance. The peritoneum was slit and the appendix which you see here removed. You will observe it is considerably larger than normal; there is a ligature still around the proximal end; I now split the appendix open to ascertain the character of its contents; the walls are greatly thickened and appear to be cartilaginous, showing evidence of long-standing inflammatory processes Very little pus is found. Since slitting open the appendix, we observe there is uniform thickening of the walls and I beg to call attention to the danger of gangrene that exists in all such cases for it is of such low vitality. I no longer ligate and cut off the appendix as is practiced yet by many. I think it doubly dangerous: first infect the cavity by contents of appendix. Second, cut through and allow leakage. I cut and turn back peritoneum, the coat of the mucous canal or cut all off and then draw out the mucous canal and then by the Lembert suture close the wound as in wounds of the gut.

DISCUSSION.

Dr. W. L. Rodman:—I believe that the wisest plan is to operate in the quiescent stage, and where it is safe to wait as a rule I believe the patient's chances will be enhanced by operating between attacks. This has always been the practice in England.

Dr. L. S. McMurtry:—The case Dr. Dugan has reported needs to be emphasized, because it is an operation performed at the right time. There are entirely too many members of the profession, who notwithstanding the great advances that have been made in the surgery of the right iliac fossa, still advocate the expectant plan of treatment in appendicitis, tiding over one attack and then the next as it comes on. Many members of the profession still advocate that plan of treatment, and in connection with this case I wish to report one that will illustrate the opposite condition.

I saw in Lexington ten days ago, in consultation, a young man about thirty-two years of age, an accomplished teacher and student. He graduated at the University in Lexington, then went abroad to complete his education. He had his first attack of appendicitis in Brussels; was seen by several eminent physicians, treated expectantly and recovered. He had a second attack in Paris seven months later; he had a third attack in Leipsic some time afterwards; a few months later he had another attack in Edinborough, and while there consulted an eminent surgeon who advised against any operative procedure. He had his fifth attack of appendicitis at his home, beginning on April 2d, 1895, and an operation was performed on the first day of June. He had laid in bed for two months—April and May—and had become so reduced that he looked like a man in about the seventh week of typhoid fever. He was pallid; temperature 103½ F. and and pulse 134. He had very little tenderness in front, but there was a very tender spot in the lumbar region just above the iliac crest, and the question was in doing the operation whether an incision should be made by the prosterior or anterior route. We decided to operate by the anterior route and if necessary to perfect drainage to make an opening posteriorly, thinking perhaps the posterior route might fail to remove the appendix. itself. Dr. Barrow performed the operation, which was carefully and skillfully done. The young man died the next morning. The pulse and temperature never came down; he had general peritonitis; perforation had occurred and pus and fecal matter were in the peritoneum.

In this case there were ample opportunities during the three years he suffered with periodical attacks of appendicitis to have performed an operation, such as in the case reported, with great safety. It is a decided mistake to allow these patients to pass through an attack of appendicitis, and then let them alone until another attack develops, and so on. It is much the safer plan to operate between attacks, if it can be done.

Dr. Jas. S. Chenoweth:—One point which the surgical element should impress upon the medical part of the profession is that appendicitis does not

necessarily mean a pint of pus. I have noticed in several cases in which operation has been done, and in which it was very urgently demanded, by either obstruction of the bowel or by distension, the appendix being on the verge of rupture, that the physicians present have regarded operation as entirely unnecessary, because the only idea they had of appendicltis was a large collection of pus. More attention should be called to the fact that often the most dangerous cases of appendicitis are those in which rupture is likely to occur with no adhesions and no abscess. I have seen several cases in which the attending physiclan had advised against operative measures, because he could not demonstrate the existence of a large collection of pus.

As for operation in the quiescent stage: Where the quiescent stage has occurred, I agree that this is the time to operate; but it is a bad idea to talk about the quiescent stage when a patient has an acute attack of appendicitis. If we could always feel assured that there would be a quiescent stage, then I fail to see the necessity of operating upon these patients at all. I hardly think it advisable to wait for the quiescent stage, but as soon as we can make a diagnosis of appendicitis operative measures should be resorted to, unless there is a strong contraindication.

Dr. H. H. Grant:—Coming in late I am sorry not to have heard all of Dr. Dugan's report: I have always been an advocate of operating in the quiescent stage of appendicitis, where it is clearly demonstrated that the patient is subject to repeated attacks, and I have illustrated my views on the subject by presenting to this society a specimen removed under circumstances similar to those related by Dr. Dugan in which the patient had had five consecutive attacks of appendicitis within two years, with great pain and suffering in each attack and had declined operation during the acute stage. I appreciate the fact that it is not always possible to secure the patient's consent to operation duriug the stage of acute appendicitis, and even in many instances if consent could be obtained the surroundings are such as to render an operation of this kind more or less risky; and in the great majority of cases it is difficult to impress upon the family of the patient the gravity of the condition. It often times happens that even though the condition is well recognized by the surgeon, the patient will either decline operation, or the surroundings will render such a procedure out of the question. Under such circumstances even although an operation might be agreed to by the patient, it may sometimes be wise to postpone it until the acute attack has passed off, but in every instance recommend that under no circumstances should a patient who has had two attacks of appendicitis be allowed to have a third if he can be persuaded to undergo operation in the quiescent stage.

The specimen shown by Dr. Dugan indicates that the appendix is constantly a source of danger after it has undergone prolonged inflammation,

its whole charactor is changed and it is certain that sooner or later it would have given further trouble.

In the case that I presented to this society where I operated in the intermediary stage, it seemed probable that obstruction of the lumen of the appendix had been complete. In the case reported by Dr. Dugan it appears to be only partial but is evidently progressing. The society may remember that in the case I refer to the appendix was completely amputated, was really attached to the bowel far remote from the situation of its original attachment and the stump itself was completely sealed, the lumen of the appendix was completely obliterated, and a space of three-fourths of an inch existed between the stump attached to the cæcum and the upper portion of the appendix. The probabilities are if we had let this man alone we would have had no subsequent trouble, but in the great majority of cases such a fortunate result would not obtain, and I heartily appreciate the importance of doing an operation in the quiescent stage wherever it is clear that the patient has a tendency to repeated attacks of appendicitis.

Lungs.—How is it that the lungs can increase through athletic exercise? By a mechanism well-known in physiology, by filling out of certain air-cells ordinarily inactive, which only come into play during forced inspiration. The expansion of the pulmonary vesicles is complete in proportion to the quantity of the air introduced. The atmospheric air drawn into the lungs by a very powerful inspiration seeks out the most obscure corners, and inflates the air-cells of certain regions which ordinarily have no part in the respiratory function. A definite increase in the volume of the lungs is the consequence of frequent repetition of this supplemental respiration.—*The Ec. Med. Gleaner.*

Doctors keep on pouring into Mexico from the United States at a tremendous rate. Some of them would be glad to go back if they were able to earn money enough to do so. It is peculiar how little common sense some of these men display. One should think some were not yet out of their childhood days. Going into a strange country, not understanding its ways, nor its people, not knowing its language and not even trying to learn the same, they expect to get rich in less than no time and if they meet with disappointments the country is "no good."

Selections.

TREATMENT OF ASIATIC CHOLERA.

Spasmodic cholera—called also malignant, epidemic, Asiatic, Indian, blue, and pestilential cholera—is generally epidemic, though not contagious. The first symptoms are generally experienced during the night, sometimes beginning with a light general uneasiness and moderate diarrhea; at other times the symptoms come on violently and follow each other rapidly. In fatal cases death usually occurs at some period between six and twenty-four hours; in a few fatal cases the patient lingers two or three days. The ordinary course of symptoms are more or less diarrhea; the discharges at first feculent, but soon presenting the appearance of rice water or gruel; there are flying pains, or sense of coldness in the abdomen, as if purgative medicine were about to operate; the countenance is pale; there is nausea, vomiting, prostration of muscular power, and nervous agitation; cramps in the legs, arms, loins and abdominal muscles, more or less severe; small, weak pulse, intense thirst, and urgent for cold water; in most cases cold, clammy skin; all these symptoms may appear successively or almost simultaneously. In some cases the premonitory symptoms exist for eight or ten days; and sometimes the patient is prostrated at once. When the disease comes on suddenly the cramps usually begin in the fingers and toes, rapidly extending to the trunk; the eyes are sunken and surrounded by a dark circle; there is vomiting and purging of white matters mixed with flocculi; the features are sharp and contracted; the expression of the countenance wild and confused. The face, extremities, and often the whole surface of the body manifest a varying intensity of a leaden, bluish or purplish hue; the extremities shrunken, the nails blue, the pulse thready or wholly imperceptible at the wrist, arm, axilla, temple or neck; there is great restlessness, incessant jactitation, severe pain in the epigastrium, loud moaning or groaning, difficult and oppressed breathing; difficult inspiration, with short and convulsive expiration; voice hoarse, whispering, or nearly suppressed and plaintive; the tongue is white, cold and flabby, and the external temperature often sinks below 80 degrees; convulsions recur at

short intervals, or a constant tremor exists. The secretions of bile, saliva, tears and urine are entirely suppressed, and a cadaverous odor exhales from the body. The patient retains his faculties to the last. * * * * * The result of prolonged reflection, covering many years, and the observations resulting from personal experience in the cholera epidemic in Europe of 1892, is the conviction that there is provided in the laboratory of the universe a remedy which surpasses the results of human ingenuity as much as does the sun surpass in brilliancy the light of the artificial lamp. The all-pervading and all-wide remedy, the greatest product of omniscient nature's laboratory, which alone can cope with this pestilential disease of the human race, is nothing more and nothing less than the unmatchable H_2O. Pure water is absolutely the only trustworthy cure for cholera, and if it came at a great price it would probably be more greatly valued. The human organism is so constituted that if it is assisted by H_2O, every morbid element may be eliminated out of its domain. The acutely poisoned body quickly recovers its equilibrium and its harmony of action as soon as the processes of elimination can remove the invading poison. In the construction of the mucous lining of all the accessible cavities and channels it is prepared by an undiscernible law to successfully resist the entrance of every form of organism. The products of organic action alone are able to pass into the blood. If sufficient quantities of pure water, of a suitable temperature, are introduced into the body through the natural channels, it is actually possible to wash morbid products as well as organic forms of life, out of the human body. The mouth gives entrance to the causative germs in Asiatic cholera. That is quite conclusively established. The locality of the development and formation of the toxin in the earlier stages is determined to be in the upper end of the small intestine; and from experience, as well as from the powers of reflective analogy, there is no doubt that the system can be saved from death if the morbid entity, the germ, is literally deluged away from the alimentary canal by the copious use of a remedy that can not be of the slightest danger to the victim. The amount of water to be used varies in different cases. It is impossible to use too much; it is possible to use too little.

From the earliest moment that the patient is seen, the propositions should be, first, wash the whole alimentary canal with pure water; wash the lower portion by introducing irrigations of warm soapsuds or merely warm water into the colon sufficiently frequently and sufficient in quantity to cleanse that portion of the bowel effectually. The frequency of washing that portion of the bowel which is accessible from the rectum should be one, or two, or three, or four times a day, according to circumstances. At the same time from one to ten quarts of warm pure water mildly medicated with *peroxide of hydrogen* or *hydrozone* should be administered at regular intervals, during the day, as the prescribed remedy by the mouth. If the patient vomits, very well. Immediately re-introduce the quantity of water that was vomited. No harm can be done in any case, and if it is possible to save life it is possible to save it through this method. It is the quickest and the surest method of exciting the activity of the kidneys, and is the safest. It is the rational and effective measure for maintaining the volume of the blood. It is the scientific process by which to establish cutaneous circulation in the capillaries.

The use of simple and useful hygienic measures are the same as in other prostrating diseases. Patients should be fed with regularity at not too frequent intervals, giving the proper time, between administrations of simple food, for its digestion. The use of appliances for maintaining the heat of the body are not to be neglected.—*Elmer Lee, A. M., M. D., Ph. B., Chicago, in Journal of the American Medical Association.*

*STRANGULATED HERNIA.

J. G. Sherrill, M. D., Louisville, Ky.

As soon as a diagnosis of this condition is made, the patient should be quickly and thoroughly prepared for an operation, in order that, should palliative measures fail to secure the reduction of the intestine and relief of the constriction, the surgeon can immediately begin the radical operative steps without discon-

*Abstract of a paper in Louisville Medical Monthly.

tinuing the anæsthetic. In the preparation of the patient, if convenient, a hot bath should be given, both as an adjuvant to the palliative measures, and for the completion of the aseptic preparation. The patient having been anæsthetized upon a narrow table, the surgeon should place him in that position which will render the opening in the abdominal wall most patulous, and attempt taxis for four or five, and not more than ten minutes. This apparently simple undertaking should be done with the utmost care, especially in those cases in which the gut has been strangulated for some time. It is, perhaps, safer to omit taxis altogether, where the condition has existed for a longer period than twelve hours.

In performing taxis the course of descent of the intestine must be observed, and taxis applied in exactly the opposite direction. Often the intestine can be successfully reduced by making a slight traction upon the hernial tumor before the pressure is applied. The pressure in taxis should be made by applying the whole hand over the swelling, and should be gradual and continuous. If the tumor should disappear, and the symptoms of strangulation are unrelieved, after a short time, the abdomen should be opened, and a constriction, which has not been relieved, looked for. After failure of taxis, there is only one indication—herniotomy.

A free incision should be made directly over the tumor, extending to the neck of the sac.

In my opinion, the sac should, in every instance, be opened, as it admits of a close examination of the contents, and the breaking up of any adhesions which may exist between the folds of the intestine. If, on inspection, the bowel appears healthy, it should be restored to the abdomen; then the sac can be dissected and ligatured at its neck, and the orifice closed by catgut, and the edges of the wound brought together by silk-worm gut sutures. If, on opening the sac, it is probable that gangrene has occurred. The application of hot gauze will, in a short time, determine whether the circulation will be restored or not. If the peritoneal coat is friable, and breaks down readily on manipulation, and the normal color does not return under the heat the bowel should be managed in one of two ways—by resection of the diseased bowel; by suture of the intestine to lips of

wound, and allow the formation of a fistula (opening the gut at once if the symptoms are urgent), which may be closed later. If there is some doubt as to the death of the intestine, it has been recommended to stitch it to the abdominal wall, just inside wound. It is preferable, however, to leave the bowel out, and apply heat with the hope of restoring it to the normal. Failing in this, a forced fecal fistula can be established without infection of the peritoneal cavity. The correct surgical procedure in competent hands, is undoubtedly resection of the gangrenous bowel, where the condition of the patient will permit. For the general practitioner the other plan will show a lower mortality rate.

WHEN SHALL WE TREPHINE IN FRACTURES OF THE SKULL?

In a paper read by Dr. Emory Lanphear, of Kansas City, before the Jackson County Medical Society, the author summarized as follows:

1. All cases of depressed fracture, either simple or compound, require trephining and elevation, whether there be pressure symptoms or not.

2. All punctured fractures and gun-shot wounds imperatively indicate the use of the trephine.

3. In simple fracture of the skull where any symptoms of brain trouble persist exploratory operation should be done.

4. In all cases of local injury to the skull, whether fracture or bruise, followed by evidence of inflammation of bone or persistent symptoms of brain irritation, or of pus between the bone and dura, the trephine should be resorted to.

5. In every case of localized injury to the head where unconsciousness persists for more than an hour, exploratory operation, including opening the skull if necessary, should be done.

6. The appearance of stupor some hours after a head injury indicates meningeal hæmorrhage and requires trephining at the point of injury if known, or at point indicated by cerebral localization; the middle meningeal being the usual source of trouble.

7. Even in very extensive injury to the head, operation should be made, since removal of *debris*, restoration of normal contour and cleaning of injured tissues can add but little to the danger and may save life.

8. In every case of doubt exploratory operation is justifiable.

9. Compound fractures, with or without apparent depression, demand enlargement of the wound and careful exploration.—*Kansas City Medical Index.*

Prescriptions.

THE best remedy for infantile bed-wetting is normal liquid ergot.

To give large doses of iodide of potash mix with soda water instead of plain water.

ASTHMA.—The inhalation of a 20 per cent. sol. of menthol often gives most satisfactory results in asthma.

BORIC acid mixed with linseed meal poultices or used as a 30 gr. to the ounce ointment is highly recommended in the treatment of erysipelas.

THE New York *Medical Times* offers the following test for sugar in the urine: Add to a small quantity of urine the same amount of a saturated solution of picric acid; to this add half as much more liquid potass. If sugar is present the color becomes very dark or opague.

CATHARTIC LEMONADE.—

R. Sod. Phos. . . . . drachms vi.
Sp. Limoni . . . . . M xx.
Syp. Simp. . . . . ounces ii.
Aq. Destil. . . . . ounces xx.

M. Sig. To be taken at a dose.

STOMATITIS.—

R. Pot. Chlorat. . . . . drachms i.
Tr. Myrrh . . . . . gtts. xx.
Elix. Calisaya . . . . . ounces iij.

M. Sig. Teaspoonful in water every four hours if there is no acute nephritis.—*Hare.*

EARACHE.—

R. Camphor . . . . . .
Chloral Hydrate . . . . . aa., grs. x.
Ac. Carbol . . . . . M x.
Ol. Castori . . . . . ounces ss.

M. Sig. Drop in the ear warm, and cover with cloth wrung out in hot water.

DR. R. J. NUNN, of Savannah, Ga., gives a new treatment (*Hot Springs Medical Journal*) for women in the puerperal state as follows. Twice daily the patient is to use a douche of warm boric acid solution and immediately report to the attendant who thoroughly cleansed the uterus with aseptic water and then swabbed it out with camphor iodine, and carbolic acid after which the Faradic current is applied with a vaginal electrode and then a tampon inserted. This he claims accomplishes much in the relief and cure of those cases in which delivery is followed by prolapsus, cystocele, rectocele, etc. The principle points to be gained by the treatment are: thorough antisepsis, effectual internal and external support and local stimulation to hasten involution of the uterus.

THE RED BRACELET.

By Clifford Halifax, M. D.

ONE morning, just at the close of my hours of consultation, my servant introduced into my consulting-room, a tall, good-looking, middle-aged man. His name was Stafford. I had never seen him before. His face was slightly bronzed, and looked as if it had been much exposed to wind and weather. He had keen blue eyes, a frank expression of mouth, and a hearty manner which impressed me favourably. I motioned him to a chair and inquired what I could do for him. He looked at me for a moment or two without replying. I saw that he was taking my measure; I also noticed that there was considerable anxiety in his eyes. After a time he spoke abruptly.

"I fear I have come here on a wild-goose chase."

"Perhaps you will allow me to decide that," I answered, with a smile.

"Yes," he continued; "of course, you are the one to decide. I had better tell you what I want at once—I am not here on my own account—I have a daughter——" Here he broke off abruptly, and taking his handkerchief from his pocket, wiped the moisture from his brow. As he did so he sighed.

"Your daughter is ill, and you want me to see her?" I interrogated.

"I want you to see her, certainly, but she is not ill," he answered, springing suddenly to his feet—"that is, not ill in the ordinary sense of the word. I don't suppose anything can be done—still, I have heard a great deal of you. You have a facility for helping people out of difficulties. The facts of the case are briefly these: My girl—she is my only child—is blind, she is affected with congenital blindness. I have taken her to the best oculists in Europe and they all alike regard her case as hopeless."

"I am sorry to say that I agree with them," I interrupted. "Congenital blindness is, as a rule, hopeless. It arises, in all probability, from some defect in the construction of the eye. The optic nerve, or some other important part of the wonderful mechanism of sight, is omitted. I shall be glad to help you, but in the first place I am not a specialist, and——"

"I have not come to ask you to help me in the matter of the blindness," said Mr. Stafford. "My daughter is so accustomed to this that she scarcely feels her defect. She has been splendidly trained, and can do almost every single

thing that a person with full sight can attempt—she rides, she walks, she rows like any other girl; as to her music, it is wonderful. But, there, I must come to the point."

"Is your daughter in town?" I interrupted.

"No, she is in the country: We live in Yorkshire. Molly hates town. The atmosphere of a town has a particularly irritating effect upon her nerves. Her mother and I can seldom get her to visit London with us."

"What are her special symptoms?" I asked.

"In the ordinary sense she is not ill at all. She sleeps well, eats well, and enjoys life to the full."

"What are you uneasy about, then?" I asked.

"What am I uneasy about? I'll tell you. You must know that our child is the heiress of great wealth. I am a rich man, and she inherits all I possess. About two months ago, a man who went by the name of Winchester took up his abode in our village. He stayed at the 'White Hart' and spent the greater part of his time fishing. No one knew anything about him. He was tall, good-looking, and about fifty years of age. On a near view his eyes repelled you—they were too close together, and had an ugly expression in them. In an evil moment my little girl made his acquaintance. He had the luck to save her life. You may think I ought to be grateful for this, but upon my honour, whatever he did in the first instance, I don't think I could feel a sense of gratitude towards that man. Well, I'll tell you how they came to know each other. I mentioned that the girl could ride—she can, as if she had the keenest sight under Heaven. She was fond of having a gallop across the moors on her mare, of course accompanied by someone.

"One afternoon, a little more than a month ago, the mare took fright and ran off with her. The brute made straight for the line of rail. I don't know what might have happened had not Winchester suddenly appeared and caught the mare by her bridle just as the groom came galloping up. Yes, I acknowledge that it was a brave act, and of course I had to thank the fellow, and to make his acquaintance. He called at our place, and from the very first I noticed that he had an extraordinary influence over my child. My belief is that he hypnotized her almost directly. To make a long story short, this fellow, old enough to be her father, has had the presumption to propose for my girl, and she is so desperately in love with him, that if I don't give my consent to the marriage her health, reason, or even perhaps her life itself, may be endangered."

"You use strong expressions," I answered. "May I ask what you expect me to do in the case?"

"I want you to open my child's mental eyes, in some way or other, in order that she may see this man as he really is. It is a craze—a regular craze—with the girl. Winchester hasn't a penny; he only wants the child for money. Do you think he would saddle himself with a blind wife if he didn't want her gold?"

"Perhaps not," I answered; "and yet I have known blind girls very attractive."

The father gave an impatient sigh.

"My child would be a lovely creature if her eyes were right. The sightless balls are well formed, the eyelashes black and long, and the eyelids well open; but the eyes are covered with a thick film, and this film gives to her face a peculiarly strange, and even startling appearance. I know Winchester doesn't care a bit for her except for her gold, and I'm determined he sha'n't have her."

"I am truly sorry for you," I answered, "but I must frankly say I am puzzled to know how to help you. How is it possible for me to influence your daughter, when I don't even know her?"

Stafford gave me a hopeless gaze.

"I thought you might suggest something," he said. "I have heard of you from several friends. I tell you the man has hypnotized my girl, and what I want you to do is to hypnotize her in another direction. Now, can you, and will you?"

"I am afraid you ask for an impossibility," I replied. "You will forgive me for saying that I think the matter simple enough. It is plainly your duty to remove your daughter from the immediate vicinity of this man. You don't like him, you think his object in paying his addresses unworthy, you have but to be firm, to refuse your consent to the marriage, to take your child away, and the influence which Winchester exercises over her will be weakened and will gradually die out."

When I said this, Stafford shook his head—he walked across the room, turned his back on me, and gazed out of the window.

His manner annoyed me, and I spoke with some slight irritation.

"Surely you, as Miss Stafford's father, can forbid the union?" I said. "Surely you have trained your child to obey you?"

"I have, Dr. Halifax; a sweeter and more obedient child never lived until she met this fellow. I must tell you frankly, however, that now I have lost all power over her. Molly has told both her mother and me that she will marry Basil Winchester whether we wish it or not. Our wishes, our distress, have not the slightest power over her. We consider her, in short, scarcely responsible for her actions. The man's influence is the strangest thing I have ever seen. I believe he can hypnotize her even from a distance, and he is so clever that if we take her to the other end of the world, he will contrive to follow us."

"Well," I said, "as you cannot influence Miss Stafford to yield to your wishes, had you not better try the other way round. You think that Winchester wants your daughter for her gold. Can you not inform him that if he marries her without your permission, you will cut her off with the proverbial shilling?"

Stafford shrugged his shoulders, and gave a grim smile.

"I might say so twenty times," he replied, "but Winchester would not believe me. He would know, what is a fact, that whatever the child did, I could not be unkind to her. The fact is, she is the apple of her mother's eye and mine. At the present moment she is simply lost to us; she is deaf to our entreaties. She thinks of nothing morning, noon, or night but this man, who has contrived to get such an appalling power over her. I tell you what it is, Dr. Halifax, I have such a dislike to the fellow that I would rather see my child in her grave than his wife, and yet I feel that if something is not done at once he will contrive to accomplish the marriage."

"The case is a strange one," I said; "still——"

"You will do something for us, won't you? I have come up to London on purpose to consult you."

"You are very good, but you place more faith in me than I deserve."

"You do acknowledge that there is a power in hypnotism?" asked Stafford.

"Undoubtedly."

"Well, can't one hypnotizer counterbalance the will of another, if he happens to have a stronger power?"

"Perhaps so," I replied. "To tell the truth, I have never gone thoroughly into this subject."

"Well, at least, will you do this? Will you come down to Yorkshire and see my girl?"

"Certainly, if you wish it."

"I do. When can you come?"

"Towards the end of the present week, if that will suit you."

"Admirably. Come on Saturday and stay till Monday. We will speak of you to Molly as a friend, and not address you by your name of doctor."

"As you like," I replied.

"Very well, then—that is happily arranged. Our place is called Mount Stafford, and is situated about five miles out of York. If you will send a telegram to state the hour when you will leave town, I will meet you at York station. I am heartily obliged to you for giving me so much of your time."

On the appointed day I went down to Yorkshire. Stafford met me at the railway station. It only needed one glance at his face to see that something fresh had occurred.

"Thank God you have arrived," he said, taking my hand in his grip. "Now come along to the carriage."

"Is anything the matter?" I asked, as we hurried across the platform.

"Yes, yes; but I won't wait to tell you here. What a relief it is to see your face. Here we are. Step in, Dr. Halifax. Home, Jenkins, as fast as you can."

The carriage door was opened by a footman in livery. Immediately afterwards a pair of spirited horses started forward at a quick pace. We had soon left the picturesque city of York behind us.

"What has happened?" I asked, turning to my host.

He took off his hat, and, pulling a handkerchief out of his pocket, wiped his overheated face.

"What do you think?" he exclaimed. "That scoundrel made an appointment no later than yesterday morning to run off with my child. To this last act of wicked folly had he brought the gentlest and most obedient creature that ever breathed. She waited for him in the pine wood at the back of our house for one hour—two hours. It rained—she was wet to the skin. By the merest accident I found her there—she looked like one in a trance. I touched her and called her name. She turned quickly and told me what she meant to do, just as though it was the most natural thing in the world. I expressed some of my horror to her—I expostulated—I appealed to her old affectionate feelings—I might as well have spoken to a stone.

"'I am going with him—I shall die without him,' she reiterated over and over again.

"There was no shame in her—no sort of sense of guilt. I had finally to bring her back to the house by force. I left her with her mother and went off to the 'White Hart.' You can imagine my feelings. When I inquired for Winchester, I was told that he had left—gone off, bag and baggage, at an early hour that morning—left no address, and owed some debts in the neighbourhood. He had not since been heard of."

"He is a good riddance," I could not help exclaiming.

"Yes, yes; but, Halifax, the child is dying."

"Oh, come; it can't be so bad as that!" I exclaimed.

"But it is—I tell you it is. You don't know the power that man had over her. She was the brightest creature you can possibly imagine; but, after all, she was not like other girls, and this love affair was not of the ordinary kind. I told you, of course, that it was in my opinion a case of hypnotism from first to last.

"Even in the short month of their intercourse she has changed from a hardy, healthy-looking girl to a mere shadow. Sleep and appe-

tite have failed. The scoundrel won her heart by the most underhand means, and then deliberately forsook her."

"I sympathize with all your feelings with regard to that man," I answered; "but, under the circumstances, he did the best thing he could when he left your daughter."

"You say so, because you have not seen her," replied Stafford. "She has touched no food since yesterday morning—her sleep is more like torpor than natural slumber. Her low moans would wring anyone's heart. In short, she only takes consolation in one thing."

"What is that?" I asked.

"The fellow gave her a bracelet, which he told her he had hypnotized—it is made of red coral. He had the face to inform the child that when she wore it round her arm she would be able to ascertain his wishes—he said it was a link between her and him. Badly as he has treated her, her overpowering passion for him is beyond all reason—she clings to the bracelet as if it were her life. It is piteous to see her sitting apart from everyone worshipping this silly trinket, and imagining that the scoundrel is communicating with her through it."

"There is no doubt that Winchester's influence has affected Miss Stafford's mind for the time being," I replied. "We must see what can be done to get it into a healthy channel as quickly as possible. As to the bracelet, it is bad for her to have it, and, if possible, it ought to be taken from her."

"There is no use in thinking of that, Halifax. She would find it wherever we put it. Her mother managed to slip it from her arm last night while she slept. Mrs. Stafford took it from the room, and locked it in her own wardrobe. What do you think happened? Molly awoke, felt her arm, found that the bracelet was missing, and walked straight from her own room into ours, approached the wardrobe, placed her hand on the drawer which contained the bracelet, and asked her mother for the key.

"'I want to get my bracelet out of that drawer, mother,' she said.

"'How can you possibly know it is there?' asked my wife, quite startled and thrown off her balance by the child's words.

"'I see a light pointing to the red bracelet,' she answered. 'I shall go mad if I don't have it. Give it to me at once.'

"There was nothing for it but to humour the child—her mother gave her back the bracelet, she pressed it to her lips, sighed with pleasure, and carried it off at once. Well, here we are. You shall see my daughter in a moment or two, Halifax. She knows you are coming. I have told her you are a friend of mine—I have not mentioned the fact of your being a physician. Try and get her confidence if you can."

The carriage drew up before a tall portico. The footman ran down a flight of steps to open the door. The next moment we were in my friend's entrance-hall.

"Tell your mistress we have arrived," said Stafford, turning to the servant.

The man immediately left the hall, and in a moment Mrs. Stafford came hurrying out of one of the reception-rooms to meet us. She was a tall, dignified-looking woman with a pale face, and large, dark grey eyes. These eyes showed traces now of recent tears.

"How is Molly?" asked Stafford, when he had introduced me to his wife.

"Just the same," aswered Mrs. Stafford, with a sigh.

"Have you tried to get her to eat anything?"

"I have, but it is useless," replied

the mother. "She pushes all food aside with the extraordinary remark that her throat is closed. She is lying down at present, and when I left her room she had the red bracelet tightly pressed against her cheek. I think she sleeps just now. As I was leaving her room I heard her murmur that terrible man's name."

"Suppose I go up and see her while she sleeps?" I said. "I will be very careful not to arouse her."

Mrs. Stafford gazed at me fixedly.

"Perhaps you forget," she said, "that our poor darling is blind. All you have to do is not to speak. Molly has never seen anything in the whole course of her life. She will not know you are in the room if she does not hear your voice."

"Well, that is all the better," I answered, cheerfully. "I can watch her without her noticing me."

"She is very weak," answered, the mother, as she took me upstairs and led me down a corridor to Miss Stafford's room. "Her failure of strength is most remarkable. It is now nearly thirty hours since that man disappeared. Each moment seems to take something from her vitality. I could never have believed that hypnotism was such an awful power if I did not witness its effects upon my child."

"It is a fearful and dangerous power," I replied. "The sooner your daughter is released from its spell, the better."

"Sometimes I fear that it may be necessary for us to find this Basil Winchester," said Mrs. Stafford. "He has exercised this spell over the child; he alone may be able to remove it."

"I hope we may relieve Miss Stafford by some other means," I answered. "The less she sees of Winchester in the future the better —but now let me see her. Is this her room?"

"Yes; let us tread softly—I should like the child to have her sleep out."

We entered a very dainty and prettily furnished girl's room. The last rays of the evening sun were streaming into the chamber, and one of them now fell right across the foot of the bed on which the recumbent figure of a very young and remarkably pretty girl lay. Thick dark lashes shaded the cheeks—the brows were delicate, finely pencilled, and perfectly black. The hair, which was thrown back over the pillows, was abundant, and of the luxurious and curly order. Its shade was of a rich tone of brown, with a slight admixture of red in it —the complexion was delicate—the features regular. As I looked for the first time at Molly Stafford, I could not help feeling a distinct pang at my heart. She was an only child—she was the one treasure of this rich and prosperous couple. Without her, of what avail to them would be their house, their land, their gold? If ever a girl appeared ill unto death, this one did. There was a transparency about her complexion—a waxlike hue was spread all over her face, which showed me how serious was the drain on her system made by a mysterious and little understood power. I took one of her limp hands in mine, and felt her feeble, fluttering pulse. The other hand was pressed against her cheek. On the wrist of this small right hand I saw the bracelet—the red beads pressed the sleeper's soft cheek, making faint marks there. The mother came up and stood by my side as I gazed. Suddenly she bent forward and touched my arm.

"What do you think of her?" she asked, in a whisper of uncontrollable anxiety.

"Hush," I replied. "I will talk to you presently."

As I spoke I bent down over the child, and pushing back the hair from her brow, listened to her hur-

ried breathing. When I did this she suddenly, and without the least warning, opened her eyes wide. The effect was so startling that I stepped back. While she slept I had forgotten the fact of her blindness—now it was abundantly manifest. The opened eyes made such a complete change in her whole appearance that her beauty vanished, giving place to positive ugliness—ugliness of an almost repellent order. The sightless eyes themselves were well formed and of a good size. They were now turned full upon me, and the brows became slightly knit. I had never seen such eyes before. I can only describe them as all white. There was no cornea, no iris, no pupil. The entire eyeball was white, as is the outside margin of the ordinary eye.

"Who touched me?" said the girl, starting up in bed, and covering the wrist on which she wore the bracelet with her other hand. "There is an adverse influence in the room. I won't have anything to do with it. Mother, are you there?"

"I am close to you, my darling."

"But there is someone else in the room—someone who is against me. Who is it?"

"Tell her at once," I said to the mother; "there is no use in deceiving her."

"You can't deceive me even if you try," answered Miss Stafford. As she spoke she flung the bedclothes aside and sprang out of bed—she had lain down in her dress—she came quickly up to where I was standing.

"Who are you? Tell me at once," she repeated.

"I am a friend of your father's" I answered, "and I hope also to be a friend of yours." Your father and mother have told me that you are in trouble."

"Yes, I am—Iam in awful trouble," she answered.

"Well, as I am a doctor, I may be able to do something for you."

She laughed wildly.

"Of all people in the world, I wish least to see a doctor," she answered. "I am not ill—at least, in the ordinary sense. I am in trouble because—because my heart bleeds—but this comforts me. It is warm—it has life in it—some of his life."

Here she pressed the coral beads passionately to her lips.

"Listen to me," I said, in a firm voice. "You are at present under the influence——"

"Oh, you need not tell me," she interrupted. "I glory in being under Basil Winchester's influence."

"You are at present under the dangerous influence of hypnotism," I answered.

She started violently when I said these words; then, with a swift movement, infinitely touching, went straight up to her mother, and put her arms round her neck.

"Mother, darling, don't let that man say anything more to me," she whispered—"he is a stranger—his influence is adverse—I don't want to get under it—take him away from me, mother."

"You are mistaken, Molly," answered Mrs. Stafford; "this gentleman would not hurt you for the world: he is a friend of ours, Dr. Halifax."

"I don't wish to have anything to do with him. I know what he has come for—he wants to take my bracelet away."

"You are altogether mistaken," I said, coming near her as I spoke. "I faithfully promise not to touch your bracelet, if you will do something for me."

A look of great relief came over her face.

"I will do anything, if I may keep my bracelet."

"On one condition you may keep it."

"What is that?"

"That you eat something which I am going to order for you."

"I can't eat, my throat is closed."

"No, that is folly," I replied. "You are giving way to a feeling of hysteria. This is causing your father and mother great unhappiness. Your throat is not closed, you only imagine it. Mrs. Stafford, will you get your daughter to wash her face and hands and then bring her downstairs to one of the sitting-rooms? You will eat something, Miss Stafford, when I tell you to?" I finally added.

She made no reply, but detaching her arms from her mother's neck, she let them fall to her sides, and followed me with her queer, sightless eyes as I left the room. The terrible eyes seemed to watch me as if they could see. I went immediately downstairs, and in about ten minutes Mrs. Stafford appeared in one of the drawing-rooms, leading her daughter by the hand.

To my astonishment, the girl loosened her clasp of her mother's hand and came straight up to me, exactly as a person with sight would do.

"Here I am," she said. "I promise to obey you if I may keep my bracelet. Now, what am I to do?"

"Take this glass of port wine, and drink it off," I said.

I had asked Stafford to have wine and biscuits in readiness, and I now filled a glass with good old port, and put it into Miss Stafford's hand.

"Drink," I said, "you can do so if you wish."

She didn't even attempt to struggle against my stronger will. Taking the glass, she raised it to her lips and drained off the contents at one draught.

"That is capital," I answered, "now eat this biscuit."

She did so with a sort of queer, desperate haste. When she had finished the first, I gave her another, which was also devoured quickly.

"That will do," I said, when she had finished the second biscuit. "Now sit here—I want to have a talk with you."

"I may keep my bracelet?" she inquired.

"I have said so," I answered. "I hope, before long, that you will give it to me of your own free will, but until that time comes I, for one, will certainly not deprive you of it."

"I believe that you are speaking the truth—I believe that I can trust you," she answered, with a profound sigh of relief.

She sat down on a low seat. The coral bracelet was on her left wrist; she stroked the red beads tenderly with the fingers of her right hand. As she did so, pleased smiles began to flit across her worn, little face.

"I am better for my food," she said, after a pause.

"Of course you are," I answered. "It was very silly of you to refuse to eat. You must have another meal presently, but not just yet."

She raised her head and gave me one of her sightless gazes; alarm being manifest in her face.

"I don't believe I shall be able to eat any more," she said; "my throat is getting that dreadful closed feeling again."

"You wont feel your throat troubling you when I wish you to eat," I said.

"But, surely, doctor, you are not going to hypnotize me?"

"I am not," I answered.

"Then why do you suppose that I shall obey you?"

"Because I intend to exercise my strong will over yours—yours is just now weakened by sorrow."

"Oh, yes," she interrupted, "by terrible, maddening grief."

"You have parted for the time being with common-sense," I continued, taking no apparent notice of her anguish. "I mean to bring that precious posession back to you."

I spoke so far in the driest way,

but then, seeing how weak she was, I allowed some of the sympathy which I really felt to get into my voice.

"I pity you sincerely," I said. "It is possible that I may be able to help you, if we can have a little talk alone. May I see Miss Stafford for a few moments by herself?" I continued, turning to the parents.

"Certainly," said Stafford. He and his wife had been watching us with the most intense anxiety. They now left the room. Molly took no notice of their departure. She sat huddled up near a fire, which was not unpleasant on this late autumn day. Her sightless eyes seemed to watch the flames as they flickered.

"Do you know that there is a fire in the grate?" I asked suddenly.

"Yes," she replied.

"You doubtless feel the warmth?" I continued.

"I feel the warmth," she answered, "but that is not all. I have a sensation when my eyes are fixed on a fire, or on the sun, as if at any moment I were going to understand the full meaning of light. I have had that strange sensation all my life. I daresay most blind people know it."

"Possibly," I replied; "you were born blind, were you not?"

"Yes, but pray don't talk about my blindness now, it is incurable; my eyes are not made the same way as other people's. That which gives sight has been denied them."

"So I have heard," I answered, briefly.

"Don't let us talk of it now. I don't miss what I never had; but, oh, my God, my God, I miss one thing *inexpressibly*."

Here she clasped her hands so tightly together, that the delicate blue veins started into view. She stood up and gave utterance to a low and bitter cry.

"You know what has happened?" she said, turning swiftly round to me. "The man I love has left me."

[*To be continued.*]

La Grippe: Diphtheria: Typhoid Fever.—It is not often that we hear of a patient who is made to undergo three such serious diseases as the above, in rapid succession. But such was the case with the daughter of Dr. Wm. C. Boteler, of Kansas City, Mo. In a recent issue of the *North American Medical Review*, of which Dr. Boteler is editor, a description is given of the case of his daughter, now four and one-half years old. After suffering with an unusually severe attack of la grippe, diphtheria developed as diagnosed by the Klebs-Lœffler bacillus She had not recovered from this, in fact, was attenuated to a dangerous degree, when she was stricken with typhoid fever, from a weight of forty pounds she was reduced to twenty, with almost total disability. Dr. Boteler describes her condition at this time as something most pitiable. He then began the use of paskola, and this is the way his report closes: "Its effect seemed instantaneous, she has taken the medicine now over a month, is playful, well, and weighs thirty-four pounds. I can pay no better tribute to your worthy preparation than to say from this and other cases, I consider it the very best regenerator known to the profession.

Hicks—Got any knock-out drops? Druggist—What? What do you want them for. Hicks—Baby's got the colic.

A monopoly is a good deal like a baby. A man is opposed to it on general principles until he has one of his own.

A physician in New York who recently conducted the post mortem examination in a case of infanticide, reported that he was unable to discover whether the child was alive or not at the time of its death.

"Please, sir; I don't think Mr. Dosun takes his physic reg'lar," said a doctor's boy to his physician.

"Why so?".

"Oh, he be's gettin' well so precious fast!"

A doctor who was traveling through the New England States says that the following epitaph on a child's grevestone nearly killed him:

"The little hero that lies here
Was conquered by the diarrhœa."

Patient—"I suppose there are still a great many unsolved problems in medicine, doctor?" Dr—"Yes. For instance, there is the question why sick people are called patients."

——"When he went abroad he threw up his entire business."

"Gracious! What a passage."

Frizzer—"That young doctor Fewcalls is a remarkably patient now, isn't he?"

Sizzer—For a person who has no patients at all, he is.

"Mr. Allills was terribly frightened about his wife and sent for a doctor in great haste." "What was the trouble?" "His wife complained of feeling perfectly well."

A discouraged invalid—He—"Dinah, I spec' I mus' be werry low." She—"Go long! De doctah say it am nuffin' ser'ous." He—"Well, when I ax him if I can't hab jus' a leetle mite o' watermelon, he say no; on no 'count.

Sour grapes never induce appendicitis.

Doctor—"Your friend is a bad case. I'm afraid we can't cure him."

Patient's Friend—"Can't do anything for him, eh?"

Doctor—"I don't say that. By careful treatment we might be able to reduce the size of the snakes."

THE FIRST BOY.

What is it fills the father's heart
With pride and joy enough to start
A first-class wholesale blessing mart?
A boy!

What makes a father kick his heels
High in the air? What most reveals
The wild tumultuous joy he feels?
A boy!

What makes a father want to sing
Like forty thousand birds in spring
And bet He's papa to a king?
A boy!

What makes a father ten times glad?
What is the greatest living ad.
That he is really a dad?
A boy!

Too Far—"Pillam's bill came back to-day," said the book-keeper.

"What did he have to say?" said the doctor.

"He didn't have anything to say. It was his widow who did the saying. She writes: 'Don't you think that in sending a bill to a man who has been buried three months you are rather running it into the ground?"

HE NEEDED A CHANCE.

Patient—The heat is so oppressive, doctor. I feel like committing suicide.

Doctor—Oh, that would never do. As I said before, my friend, what you need is a change.

Customer (in uptown drug store)—"I want a 30-grain dose of quinine, young man." Clerk—"Yes, sir. What will you take it with, sir?" Customer—"I'll take it with a spoon. I'm a Wabash Valley man, an' I ain't doodish 'nough yet to eat with a fork."

"Don't learn my Mary Ann no more about her bowels; its vulgar, and don't do her no good," wrote an anxious mother to a female teacher.

BEYOND ITS POWER.

Transcript.—Physician—"And you have felt this way for several days? H'm! Let me see your tongue."

Patient—"It's no use, doctor; no tongue can tell how I suffer."

A young Scotchman at Aldershot fell ill and was sent to the hospital. A bath was ordered. It was brought into the chamber where the invalid lay. He looked at it hard for a time, and then threw up his hands and bawled: "Oh, doctor, doctor! I cannot drink a' that.

Tramp—"Madam, yer don't happen ter have a porous plaster in the house, do yer?"

Mrs. Hussiff (sympathetically)—"P'r'aps I may have. Is it for a headache?"

Tramp—"No, ma'am. I jest want ter patch dis hole in me pants."

HAS IT COME TO THIS?

We have boiled the hydrant water,
We have sterilized the milk;
We have strained the prowling microbe
Through the finest kind of silk;
We have bought and we have borrowed
Every patent health device;
And at last the doctors tell us
That we've got to boil the ice.

"How did all the people in this town happen to be afflicted with St Vitus' dance?"

"They're not. That's the bicycle dodge."

Mr. Ghout—All my money cannot give me health, doctor! Dr. Bohns—No, perhaps not; but it is of inestimable value, nevertheless. It gives your physician great confidence.—*Ex.*

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

The Role of Dishonor.

In a recent issue of the JOURNAL, attention was called to the desperate character of criminals furnished by the medical profession. The final trial and electrocution of the notorious Dr. Buchanan, the wife-murderer, were then fresh in mind.

Within the last month another member of the profession has demonstrated himself "great in crime."

On the second of September, in the wilds of Western Minnesota, fifty miles beyond the reach of the United States mails, Dr. George W. Fraker was at last captured, the man for whom the insurance companies held out a reward of $20,000, up to August 12th of this year. On that date after a desperate legal fight they were obliged to pay in full, to Dr. Fraker's executors, his heavy life insurance. The history of the case is as follows:

"In the latter part of 1892 Dr. George W. Fraker was physician to the St. Elmo hotel, the leading hotel in Excelsior Springs, a famous health resort near Kansas City. Together with seven or eight companions, the doctor went fishing on the Moos River one day, and after dark, while in company with George Harry, James Triplet, and Jas. Crowley, a negro, he disappeared and was seen no more. These three persons afterwards swore positively that they witnessed his drowning while rowing in a leaky boat, but, after a strict search, his body could not be found. Some three or four months previous to this time he began loading up with life insurance, taking in all about $60,000. This fact in itself made the interested companies suspicious. It was found that before starting on his fishing

expedition he had withdrawn all his money from the local bank, that his companions were of evil repute, that the amount of his insurance premiums were more than half his entire income. In view of these circumstances, they refused settlement and set about finding the missing doctor, and not until August 12, 1895, did they give up the search, and then only at the mandate of the courts.

The attorney of the insurance companies, Robert L. Herrick, of Topeka, Kans., never once doubted that Fraker was alive and to him is finally due the credit of his capture, in the forest fastness of the north, where he was at last found with a chance companion, living the life of an Indian. He has been brought back to the scene of his disgrace, there to stand trial for a grave and criminal offence, by which he has succeeded in gaining the unenviable reputation of being a swindler second only to the notorious Tascott. He has lost irretrievably all that men hold most dear, and worthy of striving after. The moral of a story like this is plain indeed.

George W. Fraker is a young man, a graduate of the University Medical College, of Kansas City, class 1891. He is a member of the American Medical Association and the medical societies of Missouri and Clay county.

Mississippi Valley Medical Association.

The Mississippi Valley Medical Association which holds its next annual meeting at Detroit, September 2, 3, 4, and 5th promises to be well attended. It is not necessary to say anything in regard to the way the Detroiters will attend to the social end of the meeting for past experience has taught the profession that whenever that city has a convention the town is turned over to them and everything in it.

A number of interesting demonstrations are promised while Drs. I. N. Love and C. A. L Reed who have been in attendance at the British Medical Association will give a brief synopsis of that convention and will give a detailed report of the discussions of the new antitoxine treatment of diphtheria as given by the several parties who presented reports at the meeting.

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The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

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Editorial.

A Medical College Breeze.

Quite a lively little time is anticipated when the medical colleges in Cincinnati open in the fall and all owing to the consolidation of the Womans Medical College and the new Laura Memorial College.

It will be remembered that several years ago the Cincinnati College of Medicine and Surgery had a mixed class, that is, admitted both male and female students. This was however abandoned after a time and the Womans' Medical College of Cincinnati organized with a board of trustees composed of entirely different men, with but few exceptions, from the old college. The faculty of the new college was however composed of almost the same men as the old one. Everything went smooth until the Presbyterian Hospital and Medical College for Women was started and then some rivalry sprung up between the two institutions. The board of trustees of both colleges however came to the conclusion that it was to the best interests of both to consolidate and have one big, well equipped college for women and so shortly after Mr. McDonald announced his intention of fitting up the Laura Memorial College to be run in csnnection with the Presbyterian institution the two boards of trustees met and formally coalesced. Now the denouement comes. When the Cincinnati College of Medicine and Surgery, it is said, at a recent meeting of the board of trustees passed a resolution to again admit both male and female students and the excuse given by one member of the board was that they had to do this in order to appease one or two of the faculty who did not care to go to the new college and who seemed determined to have women students.

It is claimed that this step was taken by the board of trustees alone and it remains to be seen what steps the faculty will take

when a meeting is held, which will in all probability be called about the middle of September when the dean, Dr. Reed and the secretary, Dr. Fitzpatrick will return from Europe.

* * * *

"Miskel," Dr. Phillips' New Novel.

Many of our readers who have read Dr, L. M. Phlllips' articles recently published in the JOURNAL on Nymphomania. and Hypnotic Suggestion will agree with us that they had suspected him of being a much older man than appears from his picture. This idea comes, no doubt, from the depth of research displayed in this series of articles and his almost paternal attitude toward his patients.

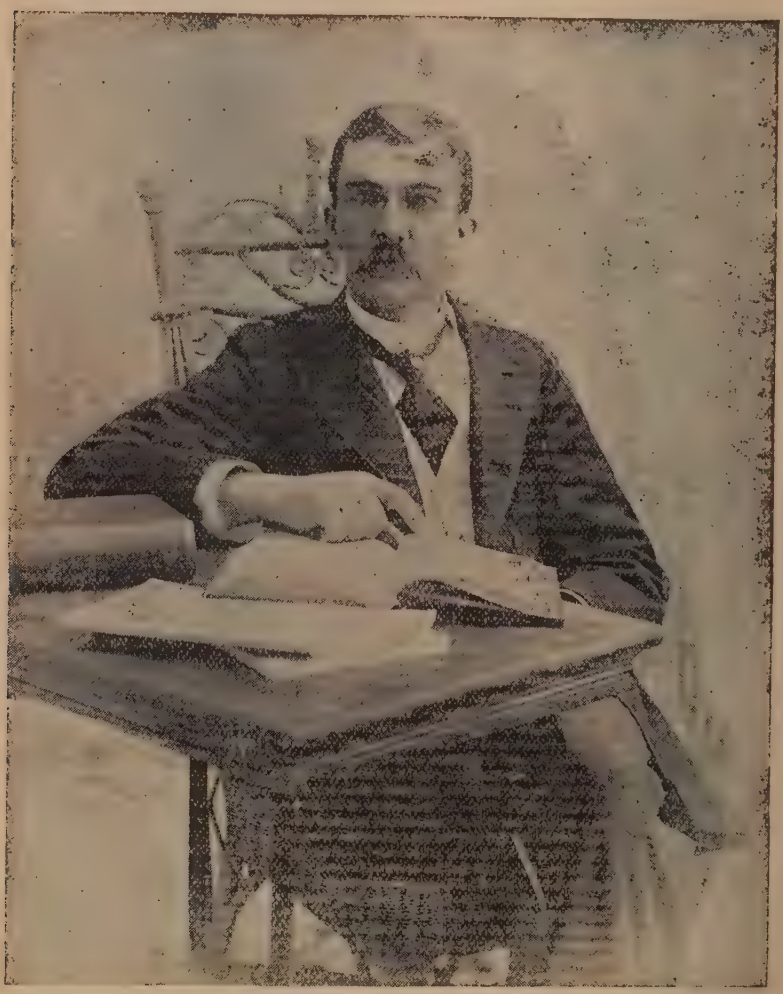
Dr. Phillips has recently appeared in a new role, that of a novelist. His book is entitled *Miskel*, and is likely to be popular both in and out of the profession.

One of the first copies, with the compliments of the author, came to this office, and the reviewer has read it through from beginning to end with unflagging interest. It is not possible in a brief space to give an outline of the absorbing story without maiming it beyond recognition. There is very little padding in in it. The movement of the story while easy and natural, is never slow.

The story opens in a very clever way indeed. The manner in which the writer at once arrests the attention of the reader and excites his curiosity is one of the finest touches in the whole book.

It is a story of hypnotism; of a beautiful, unprincipled woman who enthralls and holds by her evil spells a noble, sensitive, weak, if you please, man, the husband of a charming, virtuous wife, a man of splendid business capacity, the president of a great bank, and a successful railroad magnate. Several of the passionate meetings of these two people are described with a warmth, fidelity, and to a point that leaves very little indeed to the imagination of the reader. To such an extent is this carried that it is likely that the book will be severely criticized on account of it in some quarters. The setting of the story is admirable, especially so when the scene is removed to the far east, where several of the most exciting incidents take place.

In several particulars the book is not good. In appearance it is provincial, the kind, not the quality, of the paper is not in good taste, the way the pages are nnmbered, at the top and in the



L. M. PHILLIPS, M. D., PENN YAN, N. Y.

middle of each page, is not sanctioned by the best usage. There are a number of typographical errors. The conversational portions are almost all bad. Some of the characters are

very stilted indeed, and in a way remind one of "painted ships upon a painted ocean." Taking it all in all, Dr. Phillips maiden effort as a novelist reminds us in many ways of Geo. William Curtis' first novel, "Trumps." While in many particulars his work is crude and lacks sequence in other respects it is brilliant and full of promise. We predict that the book will have a large sale, and will be followed by others that are immensely better.

* * * *

Dr. Wm. Waddle, of Chillicothe, O., died at his residence August 23d, after an illness of many months.

Dr. Waddle was born in Chillicothe, September 11, 1811, and was of Scotch parentage. He commenced his education at the Chillicothe academy, thence going to the Jefferson Medical College of Philadelphia from which he graduated in 1836. After a year spent in travel he found a partnership with Dr. J. B. Scearce which existed until 1888 when he took into partnership his son, Dr. E. F. Waddle.

Governor Hayes appointed him a member of the asylum board in 1868 on which he served until Governor Foraker's administration. His resignation at that time was due to his firm convictions that politics should not enter into the management of public institutions.

Dr. Waddle was recognized as one of the most enthusiastic opponents of the Code of Ethics, he taking the ground that it was simply recommendatory and not obligatory, and he was frequently known to say that if his knowledge could in any way benefit humanity he would consult with any body with that end in view, In 1852 he resigned from the Ohio State Society at the Dayton meeting where he was in attendance as a delegate, and in his remarks made at the time he took the stand of the medical society of the state of N. Y., which provides that the code of the medical profession shall be the "code that should govern a gentleman."

Dr. Waddle has enjoyed one of the largest practices of any practitioner in this state and has been prominently connected

with nearly all important movements in his section of the state and his many friends will always remember him as the one whom

"None knew him but to love him,
None named him but to praise him."

Dr. Waddle has had nine children of whom seven survive.

* * * *

It is gratifying to learn that a determined effort seems to have been started to resuscitate the *Index Medicus* which suspended publication recently.

Dr. Chas. E. Sajous, editor of the *Universal Annual* of the medical sciences has taken the initiative by endeavoring to enlist two hundred subscribers of twenty-five dollars each and his amount has already been paid Mr. Davis. Dr. Jacobi of New York on hearing of this move offered to double his already large subscription.

It is a disgrace to the medical profession of America that this grand publication is not well sustained, for it is a work which has never had an equal in general value to the profession of the entire world, and America should feel proud that she can boast of being the mother country of this work.

Much interest in the reappearance of the *Index Medicus* is being manifested abroad and in a recent issue of the *London Lancet* appears the following: "In our issue of June 29th we pointed out how important a matter it was that the *Index Medicus* should not be allowed to perish. The yearly cost of the production is about £1,000 and it is proposed to raise this sum by 200 subscribers at £5 each. The United States, it is estimated, will supply 120, Great Britain 60, and the Continent 20. We think, however, that Great Britain, with all her learned societies might well subscribe £400 by herself. If £5 is too heavy a tax for one individual to undertake, there are surely five medical men in every one of our large towns, each of whom would subscribe £1, and so form a group which would receive a copy for common use; while institutions and societies should have no hesitation in raising the required amount.

The *British Medical Journal* also comes out strongly advocating the publication of the *Index*.

One can hardly estimate the value of this publication until it cannot be obtained and some one wants to hunt up the literature of any particular subject and then he will be willing to give many times the amount of the subscription to have a work through whose aid he can place himself in touch with the literature of the whole world.

* * * *

THE health department of the city of New York have just issued a report on bacteriological investigations and diagnosis of diphtheria from May 4, 1893, to May 4. 1894. Several plates illustrating the different cultures of the bacilli are given. The report states that 80 per cent. of the cases of socalled "croup" are in realty diphtheria and should be treated as such. Isolation is recommended until the bacilli have entirely disappeared and the use of a 1-4000 bichloride wash greatly reduced the length of time which they remained in the throat. The isolation of cases of pseudo-diphtheria is not considered warranted by this department.

* * * *

THE public have been treated to another City Hospital would-be sensation. This time it has been claimed that the sanctity and privacy of one of the wards has been invaded and a newspaper reporter admitted and allowed to interview a patient and at which time he managed to get in a photographer who made a negative of the unfortunate patient. The victim was a young girl who was known as the "human pin cushion," she having stuck herself in a number of places on her body with pins.

* * * *

THE latest aspirant for recognition in the literary field of medicine is a journal published by George L. Davis, of Detroit, and edited by Dr. Harold N. Moyer, of Chicago entitled *Medicine*. The first issue has just made its appearance, and we think it has come to stay. This number contains sixty-four pages and one lithograph but without any editorial matter and the selections are of the character that one would expect from the efforts of one as competent to judge as Dr. Moyer.

* * * *

In a journal published up in Cleveland by A. Baker we notice the following: "Dr. W. J. Corlett was recently married to Miss Leisy of this city. The marriage ceremony was performed in Germany, where they are still." The article fails to enlighten us as to the cause of their stillness in Germany.

* * * *

The Woman's Medical College of Cincinnati, has been absorbed by the Laura Memorial College. This latter was a memorial to Mrs. E. K. Stallo from her parents Mr. and Mrs. Alexander McDonald. A new faculty has been elected and everything bids fair for a prosperous college.

* * * *

Dr. David DeBeck has been appointed ophthalmologist to the Cincinnati hospital after considerable opposition, this was due however to his residing outside of the city and not from any lack of confidence on the part of the hospital trustees in his skill or ability.

* * * *

Cards are out announcing the partnership of Dr. W. H. Dunham and his son Dr. H. Kennon Dunham, of Dayton street. Cincinnati. This ought to make a strong team. Dr. Dunham, Jr. as spent the last year in hard work at Johns Hopkins hospital.

* * * *

Dr. W. H. Wathen, of Louisville, Ky., has recently had the degree of LL. D. conferred upon him by Notre Dame University of Indiana and his many friends and pupils will heartily congratulate him and the college as well on their wise bestowal of this honor.

* * * *

Dr. Bransford Lewis has resigned from the faculty of the Missouri Medical College and has accepted the chair of Genito-Urinary surgery in the College of Physicians and Surgeons and the Baptist sanitarium of St. Louis.

* * * *

Drs. T. V. Fitzpatrick and Max Thorn, of Cincinnati, have spent the summer sojourning abroad and are expected home about September 15th.

* * * *

Dr. T. P. Satterwhite has been appointed resident surgeon of the Chesapeake and Ohio and Big Four railroads at Louisville.

* * * *

Ten drops of fl. ext. saw palmetto have been known to abort an attack of migraine.

Balzer and Lacoun, of Paris, have recently published in the *Anu. de Derm. et Syph.* some interesting accounts of cases of orchitis treated with guaiacal with marked success. One grain of pure guaiacal was used in several cases and also a mixture of five or ten grains of the drug to thirty grains of vaseline. The application was made morning and evening and only when used pure did the drug cause any marked burning.

Book Reviews.

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences Throughout the world, edited by Charles E. Sajous, M. D., formerly Lecturer on Laryngology and Rhinology in Jefferson Medical College, Philadelphia; etc., and seventy associate editors, assisted by over two hundred corresponding editors and collaborators. In five royal octavo volumes of about 500 pages each. Illustrated with chromo-lithographs, engravings, maps, charts, and diagrams. Subscription price per year (including the "*Universal Medical Journal*" for one year), cloth, 5 vols., Royal Octavo, $15.00; half Russia, $20 00.

The best that can be said for the "*Annual*" of this year is that it is better than the last, and those who have had the opportunity of examining the '94 *Annual* will better appreciate this statement. Dr. Sajous cannot be too highly credited for his efforts in behalf of this grand publication, and both he and the publishers deserve the heartiest support for the high standard that they have maintained in this issue of the publication. It is the perfection of completeness and gives evidence of the wisest judgment and careful discrimination of the material used. The arrangement of subjects is about the same as last year, while the field of research has been somewhat enlarged. We regret we have not sufficient space to elaborate more in detail the important points of this work, but we will say, Doctor, if you want to have at your elbow a brief synopsis of the medical literature of the world for the year, subscribe for the *Annual* and you will be the gainer by it.

Diseases of the Lungs, Heart, and Kidneys, by N. S. Davis, Jr., A. M., M. D., professor of Principles and Practice of Medicine, Chicago Medical College, Academy of Medicine, etc., etc. No. 14 in the Physicians' and Students' Ready-Reference Series. 12mo volume of 359 pages, extra cloth, $1.25 net. Philadelphia, The F. A. Davis Co., 1231 Filbert Street.

This work is well up to the standard of the other volumes of this series and covers the field in a wonderfully clear manner. It is prepared from the notes used by the author in his lectures delivered at the Chicago Medical College. The subject of treatment is especially good and prepared with great care. The work does not deal in arguments or controversies, but states as facts what appear to the author to be the consensus of opinion on the given topic.

An American Text-book of Gynecology, Medical and Surgical, by Henry T. Byford, M. D., John M. Baldy, M. D., Edwin Cragin, M. D., J. H. Etheridge, M. D., William Goodell, M. D., Howard A. Kelley, M. D., Florian Krug, M. D., E. E. Montgomery, M. D., William R. Pryor, M. D., George M. Tuttle, M. D., edited by J. M. Baldy, M. D. Royal 8vo volume, with 360 illustrations in text and 37 colored and half-tone plates. Prices, cloth, $6.00; sheep, $7.00; half Russia, $8.00. Philadelphia, W. B. Saunders, 1894.

This work is a companion to the *American Text-books of Surgery, Practice, and Diseases of Children*, which are a class of publications more intended for the practitioner than the college student, for they deal with the various subjects in a little too technical style, and do not sufficiently cover details to be of as much service to them as some of the older works. Mr. Saunders has been very careful in the selection of his authors for these works, and the names of any one of them should command the favorable support of the progressive element of the profession. This work is one of much practical value, as it deals with every day cases in a most lucid and concise method, and the editor has been very careful to eliminate everything that is not absolutely essential to a clear understanding of the subject. The general anatomical points have also been omitted, as it is intended that the illustrations present these sufficiently clear.

World's History and Review of Dentistry, edited by Herman Lennmahn, D. D. S., Chicago, W. B. Conkey Co., 1895. This work will be interesting to the general reader as well as the dentist, for it contains much information pertaining to other matters of importance. The work gives a most exhaustive history and resume of the practice of dentistry all over the world, the different dental societies, dental journals, and a copy of the dental laws of each State in addition to the area, population, capital, etc. The author seems to have had his finger on every county or province known to explorers when he compiled this work, for he presents data from many points which only the able geographers could point out on the map. The work is something decidedly new, valuable, and ought to be well received.

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

Typhoid fever is reported epidemic at Greensburg, Ind. A water famine is also threatened at the same place.

Some one has said that the medical profession divides humanity into two classes; the poor whom they cure, and the rich whom they doctor.

We extend our heartfelt sympathy to our brother, Dr. Richard P. Evans, of Franklin Ohio, who is one of the directors of the defunct First National Bank of that place. We hope that he may lose nothing by the recent failure.

Dr. David H. McAlpin, Jr., 673 Fifth Ave., N. Y., is soon to marry Miss Emma Rockafeller, eldest daughter of Wm. G. Rockafeller, Esq., one of the brothers who control the Standard Oil Co. Dr. McAlpin has practiced medicine since 1888.

F. C. Conser, M. D., of Salona, Pa., will hereafter be a regular reader of the Journal. He saw a copy of the August issue and at once sent in a year's subscription in advance for it and King's "Stories." Dr. Conser has been in practice since 1888. He has no competition at Solona.

Dr. D. W. Sharp, of Woodstock, Ohio, is among our new subscribers. In his letter of Aug. 26th, to us he says: "Enclosed find one dollar. Enroll my name as a subscriber to the Cincinnati Medical Journal, the spicest journal I have ever read, etc." Dr. Sharp has been practicing now for twenty-one years. What he says is not ill-advised or ligthly spoken. His words of praise are greatly appreciated.

The clinical thermometer advertised in this issue of the Journal by the M. A. Spencer Co., of Cincinnati, is called to the attention of our readers. If you are not already provided with a good instrument of this kind we unhesitatingly recommend this thermometer to you, as not only of first-rate quality and reliable, but selling at a remarkably low price. The president of the M. A. Spencer Co. informs us that it is meeting with ready sale, and winning the approval of all purchasers.

The following sensational squib is clipped from a leading Cincinnati Daily. It is of interest because of the immense amount of attention that is now being paid the bicycle:

St. Louis, Aug. 23.—The famous surgeon, Dr. Heine Marks, ex-Superintendent of the City Hospital, and at present conducting a private hospital, whose achievements in medicine and surgery have given him a world-wide reputation, to day denounced the bicycle as follows:

"To my mind, owing to the excess of exercise indulged in by bicycle riders of to-day, when a man or woman buys a wheel they take the first spadeful of earth from their grave."

Dr. Heine Mark's opinion has caused much comment among physicians, as the doctor's numerous medical discoveries have startled the world. His marvelous success in operations of laparotomy have gained for him an international reputation.

Dr. Clifford Hudson, of Covington, Ky., one of the most popular young physicians of Kentucky, died after a brief illness August 5th.

D. M. Currier, M. D., of Newport, N. H., renews his subscription to the Journal promptly. Dr. Currier is the third oldest practitioner in Newport, He has been in the harness twenty-eight years.

Dr. I. P. George, of Chico, N. M., writes us as follows: "Please find enclosed $1.00 for year's subscription to your most excellent Journal." It is needless to say that letters like this are appreciated.

Among new subscribers of the past month is Dr. H. McKown, M. D.. of Anthon, Iowa. Dr. McKown has now practiced medicine twenty-one years. He is a self-made man, and for the pluck and energy he has shown he richly deserves his present success and prosperity.

Papain for Tapeworm.—Roberts Bartholow, in the *Medical News*, reports a case in which, after a failure of the usual remedies for tapeworm, a parasite twenty-five feet in length became dislodged and was passed after the use of papain, in ten-grain doses, three times a day after meals. The worm had not undergone solution, but Bartholow thinks the drug had exerted a toxic influence upon it.—*Medical World.*

Local Cold Applications in Typhoid Fever.—Professor A. J. Downes reports to the Philadelphia County Medical Society a successful method of treatment of typhoid fever. It consists in the continued application of cold to the abdomen, over the lower coils of the ileum and the beginning of the colon. We suggest this to our readers for application in their practice. It does not interfere in any way with other methods of treatment, but may be employed conjointly with them.—*The Medical World.*

Drs. O. C. Holliday and O. H. Burton writing in a recent issue of the New Orleans *Medical and Surgical Journal*, of Hot Springs, Ark., emphasize the following: "It cannot be too strongly accentuated that Hot Springs is not the place for persons in advanced stages of phthisis. A few hot baths may induce pulmonary hemorrhages. When the disease is in its incipiency and the object is to improve nutrition and endeavor to bring patients up to the normal plane of resistance, some benefit may possibly be derived from a visit; but the broad rule will best serve the physician in his advice."

The August issue of the *Medico-Surgical Bulletin* contains a historically interesting article on the "Deaths of French Kings." The editor summarizes as follows:

"Such is the medical history of the kings of France from 1494 to 1793. But few from the number can be regarded as coming up to even a moderate standard of bodily mental health. Louis XIV though apparently a sound man during life, was shown to have cerebral abnormalities. Henry IV, of whom every Frenchman is justly proud, was the only monarch with whose medical history no fault can be found. His statue on the Point Neuf at Paris shows him for what he was—a healthy man and a good king."

J. L. Hausman, M. D., of Marysville, Kas., is one of our new recruits within the past month. Dr. H. speaks in high praise of our premium list of books, and selects No. 82 for himself. We wonder how many of our subscribers have not read this remarkable book.

LUCY A. YOUNG, guardian of Clifton L. Young, has brought suit at Circleville against Dr. W. L. Peters for $10,000 damages, alleging that Dr. Peters, in setting Clifton L. Young's leg, did it wrong, rendering him a cripple and constitutional wreck.

DR. C. F. REILLY, of the Chicago Board of Health, issued in all earnestness a circular in behalf of the Board denouncing the practice of kissing. All the horrors of tuberculosis were dwelt upon and the manner of getting the disease is pictured in glowing words. After going through the whole list of bacilli diseases, the doctor ended by declaring that any person who indulged in a kiss should at once wash their lips in carbolized rose water and dry them thoroughly to prevent the possible spread of diseases from osculation.

This looks very much as though some one wanted to get up a corner in carbolized water.

JOHN T. DAVIDSON, M. D., of Denver, Colo., writing in the August issue of the *Medical Standard* starts an interesting question, "Is bicycle riding conducive to impotency?" He states that there is not at present sufficient data on this subject to warrant a conclusive answer, and asks that physicians everywhere make a study of it. The general tone of Dr. Davidson's paper indicates that he believes that the bicycle used to excess may cause impotency, as it does the hyphotic spine, hypertrophied legs, flat chest, etc.

BOILS IN GOUTY PATIENTS.—The *Texas Courier-Record of Medicine* states that a successive crop of boils in gouty patients may be prevented by the use of powdered colchicum in doses of from a half to two-thirds of a grain a day.

DR. GEORGE W. CUTLER, of Waltham has been appointed professor of physical culture and lecturer on hygiene at the University of the State of Missouri at Columbia, Missouri. The position is similar to that filled by Dr. Sargent at Harvard College. Dr. Cutler is the eldest son of Dr. E. R. Cutler of Waltham, and is a graduate of the Harvard Medical School.

THE Rev. Dr. Buckley, editor *Christian Advocate*, has recently been making a thorough examination of the Keeley "Cure" for alcoholism, and the percentage of cures actually effected by it. It is claimed by Dr. Keeley that 95 per cent. of his patients are permanently cured. Dr. Buckley, at whose door, neither prejudice nor partiality can be imputed arrives at the conclusion, after a particularly careful examination, that about 40 per cent. relapse, many of the remainder die, while 51 per cent. remain permanently cured. This result, while far less than claimed, proves conclusively that there is merit in the Keeley treatment.

A BLOW FROM THE MULE.—An eminent authority has announced the discovery that he has an antitoxin for erysipelas "elaborated through the mule." Our experience with mules in early life was such that we would prefer to take our erysipelas in the old fashioned way rather than to have it "elaborated" through the posterior extremities of this peaceful, but too often protesting, animal.—*Practical Medicine.*

C. SURFACE, M. D., West Sonora, Ohio, has paid for the JOURNAL up to March, 1897. In a letter just received from him he says, "I like your JOURNAL very much. It fights all fool fads; and it is honest enough to advocate the right regardless of sect or school."

N. V. Speece, M. D., of Quincy, Ohio, renews his subscription to the Journal, through the well-known newsdealer, J. R. Hawley, of this city. Dr. Speece is a practitioner of more than a quarter of a century.

Dr. Nordau, author of Degeneration, is indignant over the statement that his real name is Simon Sudfield. He says that at the age of fifteen, for reasons which were of no interest to strangers, he assumed the name of Nordau, and in 1873 had his act officially and legally confirmed in Hungary. Hence his real dame is Nordau and not Sudfield.

Fred'k Wallace Abbott, M. D., Taunton, Mass., is the author of an interesting paper in the August Mass. *Medical Journal* on "The Education of the Youth on Matters Sexual." He tells, by way of illustrating the pitifully incompetent way that physiology is now taught in the schools, of having visited the school of an old friend when the class in physiologoy was called out for his special benefit. After the recitation he was requested to supplement the lesson with a "few remarks." He began by gravely asking on which side of the body the gizzard is located. A difference of opinion being expressed, he told the children to look it up, and if unable to discover, to consult their teacher. The next day the teacher came to him and besought him to enlighten her on the subject of the location of "the human gizzard."

Those who recall the experience of Timothy Tittlebat in his endeavors to get rid of his carroty locks, undoubtedly regard the report of green hair as somewhat of a fiction. As a matter of fact such colored hirsute adornment frequently appears among those employed in copper works and copper mines, and Bartholin drew attention to this fact as far back as 1654. Recently a case was reported to the Johns Hopkins Medical Society by Doctor Oppenheimer, as occuring in a man aged fifty-eight who had been exposed in copper works to very fine copper oxide for four years; he was rather uncleanly in habits, and was likewise "suffering from vague gastric symptoms." The hair was a "pale but distinct green," the color being more marked on the head and the beard, though curiously enough it pertained to the same growth throughout the surface of the body; the coloring, moreover, was uniform.—*Med. Age.*

Holloway, the arch quack, by some means upon one occasion thrust himself upon a company of gentlemen, and, presuming upon a slight acquaintance with Mr. George Augustus Sala, requested the latter to introduce him to the author of "Vanity Fair." Mr. Sala did not relish the office, but finally gave the desired introduction. Thackeray mistook the "Professor of Aloes" for a distinguished military man and complimented him accordingly, whereupon Holloway, taken aback, blurted out who and what he was. Thackeray merely answered: "Oh! well, I made a very natural mistake, for you too must have killed thousands of people."—*Med. Age.*

Doctors Zakharine and Leyden, who attended Alexander III during his last illness, have been called to Peterhoff. Nicolas 11 is in bad health and there is a rumor that he intends to trust the regency of the empire to his mother, the widow of the late Czar. Insanity runs in the family of the Romanoffs, which was founded in 1613 by Mikhail Feodorovitch, and the Czar is said to possess a very violent temper.

THE Cincinnati branch hospital is now empty, the last small-pox patient was discharged recently. The epidemic began about February 1, and the last case entered July 4. The repairs will now be pushed in anticipation of any necessity for the building in the autumn.

AN enterprising firm is using the following sweet-scented letter in advertising their business. It might be a question in the minds of some whether the last estate of this man is not worse than his former.

ANSTED, W. Va., June 25, 1895.
Messrs. R. & Co., Dayton, O.

Gentlemen—Enclosed find one dollar for which please send me two packages of your CATARRH BALM.

I am still getting better; I can now smell onions. Before using your remedy I could not smell a Polecat. Yours, etc.

L. I. NOBACK.

NEVER was the value of hope as a curative proven more thoroughly than by experiment made on a consumptive patient in a city hospital. He was weighed each day after the scales had been "doctored" to show an increase of weight. The surprise of the man when he discovered that he was gaining in weight was pathetic to those in the secret. At the end of a week the man really had gained in weight. He took food, medicine, and treatment in the most cheerful frame of mind, and at the end of six months was discharged cured, weighing 160 pounds.

IT has been decided by Dean Smith of the Yale Medical School that the lengthening of the courses shall not take place this fall, as was originally the plan of the faculty, but will go into effect, beginning in September, 1896. This fall's entering classes in the Yale Medical Schools will be the last to take, in the Medical School a three year's course. Several important changes are announced in the faculty in the the medical department. Dr. Chas. Bartlett, Dr. Louis De Forrest, Dr. H. L. Swain, have been added to the list of professors, and Assistant Professors T. Osborn, H. B. Ferris, and Graham Lusk have been promoted to the position of professors in full.

FROM a recent Bar Harbor letter th the *Boston Transcript* we clip the following: Dr. S. Weir Mitchell, another of the distinguished visitors, is receiving congratulations on the award of the degree of LL. D., from the Edinburg University. Dr Mitchell is referred to in the announcement from the authorities there as "the chief ornament to medical science in the New World."

A DISPATCH from San Jose, Cal., details the following: San Jose, Cal., August 13.—Dr. Henry Case is in prison charged with having caused the death of Eleazar Frost, a capitalist, who died a few weeks ago. Corrosive sublimate was found in the dead man's stomach and a coroner's jury found that poison was administered by Dr. Case and members of the family of the deceased. The jury stated that it was not known whether the poison was given by design or mistake. Dr. Case has been a practitioner for thirty years.

NICOLA TESLA, the electrician, an authority second to none, on all questions pertaining to electricity, in a recent interview, stated as his firm conviction that electricity was powerless to kill. He is opposed to electrocution, which he terms "the refinement of torture." He claims to have taken, without permanent injury, an electric shock of a million volts.

WHAT-DO-YOU-WANT?

DO YOU WANT ANYTHING YOU HAVE NOT GOT?
HAVE YOU GOT ANYTHING YOU WANT TO GET RID OF?

SAY SO IN THIS JOURNAL WITHOUT COST.

WANTED.—I want a good doctor to buy my residence property. (An Eclectic preferred.) I am the only eclectic in this beautiful city of about 4,000 inhabitants. You can't find a more delightful location, should you look the state over. Churches and schools of the highest order, and everything that tends to make life pleasant is at hand. A spirited people—a great manufacturing place with its two lines of railroads, and surrounded by the best farming interests of any city of its size in northern Ohio. Will introduce purchaser free of charge. Should further particulars be desired, address DR. GEO. W. FOSTER, Geneva, Ohio.

FOR SALE.—On account of the ill health of my wife I am anxious to sell my property in West Virginia that I may remove to the south. I have an excellent seven room, one and one-half story frame house, supplied with water, a good cellar, large corner lot, 70x266 feet, summer kitchen, coal and wood house, fine shade trees, located in the best part of a town of 1,500 inhabitants which has good schools, churches, railroad facilities, and society, beautifully located on the banks of the Ohio and Guyandotte rivers. I have an A. No. 1 practice, will sell for $900.00, and introduce my successor to all the best people hereabout. For further particulars address JNO. W. BROWN, M. D., Guyandotte, W. Va.

FOR SALE.—A photo gravure, containing portraits of Professors Linns, Playfair, Pepper, Pasteur, Bartholow, Virchow, Flint, Gross, Fordyce, Barker, Galliard Thomas, Morrell McKenzie, J. Lewis Smith, Robert Koch, Wm. Harvey, who discovered the circulation of the blood, and Jenner who discovered vaccination for small pox—this a handsome office picture, cost $2, will send it to any address postpaid for $1.000. S. C. NEWLIN, M. D., Anderson, Ind.

ON account of precarious health I am anxious to dispose of my medical practice. I am located in a town of 1,200 inhabitants. in the best portion of Ohio. I have a splendid practice well in hand. My patrons are among the very best people in the community. There is no difficulty in collecting fees. I am willing to do all I can for my successor. If desired will work in partnership with him for a few months. I am determined to sell out, even at a very great sacrifice. For particulars address T. H. C., M. D., Care CINCINNATI MEDICAL JOURNAL, Cincinnati, O.

IRON has doubled in price in the last four months. Everything made of iron or steel is going up. The safes we have taken on advertising contracts we are selling at less than half hard-times prices. Address BUSINESS MGR. CIN'TI. MED. JNL., Cincinnati, Ohio.